injury, or other troumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows ony

FOR

STATE OF MARYLAND										
DEPARTMENT OF HEALTH AND MENTAL H	YGIENE									
CERTIFICATE OF DEATH										

83 0008

1	- STATE REGISTRAR				CERTIF	ICATE OF D	EATH		REG. N	0.			
1. DE	CEASED NAME	FIRST	,	MIDDLE	i	AST .		2a. DATE OF I	DEATH	MONTH	DAY	YEAR	2b. HOUR
	1-80	ederic	ck	M	A	150D	,Sr.			01	13	83	8:55A
3. SE			ACE		5. DATE C		7	& AGE INYER	ARS LAST BIF	RTHDAY)		DER I YEAR	IF UNDER 24 HRS
1	MAR		NP9	PA	12	/3	VEAR O5	773	2	YRS	MONTH	DAYS	HOURS MIN.
7a B	IRTHPLACE (STATE OR FO	DREIGN 7b. C	CITIZEN OF	WHAT COUN	VTRY? 8	1		9 BALTIMOR	E CITY C			EATH	
MA	RYLAND		WS	A	WIDOWE	NEVER M	ORCED T	(6,11	, C	17.	Acres.	(4	D
_	ITY OR TOWN OF DEAT	тн 11.			URSING HOME C			12a. USUAL O				. KIND C	OF BUSINESS OR
Annapolis Anne Arundel General Hosp. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR									DUSTRY				
13a.		136 COUNTY	RWIFL	13c CITY OR	TOWN APOLIS	13d. INSIDE CI	Y LIMITS?	13e. STREET A		Stre	e+	2	1401
I4 E	ATHER'S NAME	1 1 - 1 1	114				MAIDEN NAM		Jacky	DOL			
	MACK	MIDDE	LE.	ALSOP		JUI	TA		WIDDLE		PI	JRPLI	
16a \	WAS DECEASED EVER I				SECURITY NO.	17 INFORMAL			ADDR	ESS		JIG DI	
Ń	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR	R OR DATES)	212-1	8-5029	MARTHA	C. AL	SOP 180) Cl:	ay St	t. Ar	napo	olislMd.
	18 CAUSE OF DEATH PART I. DEATH WA	I (Enter anly or	ne cause per	line for (a), (b), and (c).)	RHOSI	s & Pa	RTAL	114	000.	F	BETWEEN	MATE INTERVAL ONSET AND DEATH
	5715 1	MMEDIATE CA	AUSE (a)	TUPA	110 011	Ochosi	2017	KIMC	71	11/	,	-1	YEAR
			DUE TO, OF	R AS A CONS	SEQUENCE OF				JE	20150			
	Conditions, if any,		(b)						-		-		
	cause (a), stating underlying cause	last	DUE TO, OF	RASACONS	SEQUENCE OF								
			(c)										
Z	PART 2. OTHER SIGN	IFICANT CON	DITIONS <u>CC</u>	ONTRIBUTING	G TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE	OR CON	DITION	SIVEN IN	PART 10	a,
CERTIFICATION	19g. DATE OF OPERATE	ION I	19h CONDI	TION FOR W	HICH OPERATION	N WAS PERFOR	MED	20a AUTOF	SY?	20h 1F)	ES WER	E FINDIN	NGS USED
윤	NONE										TIFYING		OF DEATH?
ERT	21g. ACCIDENT WAS UNDE	RLYING []	21b. TIME O	FINIURY		121c HOW IN	LIRY OCCUPRE	ED (ENTERNATI	NO L	10 V 10 1 17 5 AA 1	YES	401.01	NO []
	OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.	M. MONTH			NON		JAE OF HAJO	KT IN TIEM I	a FARITO	K PART 2)	
MEDICAL	116 INJURY OCCURRE		P./ 21e. PLACE (19	21f LOCATIO							
ME	WHILE NOT WHILE				FFICE, FARM, ETC.)	STREET			CITY OR TO	NWO	C	OUNTY	STATE
	22a I certify that (1) (attended the	deceased f	(3	c 2 (19 52	_, to	-	13	., 19		that (I) (we) l ast
	saw the deceased abave, (1) (we) (de			after death.		d that in (my) (apinion d	leath occurred	on the d	ate and h	aur and	fram the	couses stated
	226. SIGNATURE	on Ba	21,1	mp			TENDING HYSICIAN	MEDICAL DIRECTOR	STA		2	2c. DATE	SIGNED
	22d. PHYSIC AN'S NA	ME (TYPE OR PRIN	O N	T		22e ADDRESS	014	2 h		INAF	201.1	1 2	1401
	JAM	4/ 1/	04/	E 11		2)12	RIVA	(0)	111	ורואו	راحار	<u>_</u>	1401
23a	BURIAL, CREMATION, R		B. DATE		23¢ NAME OF C	EMETERY OR C	REMATORY	234 LOCAT	ION		COU	NIY	STATE
RU	RIAL	1	-19-19	983	HILL CRE	ST CEME	TERY	ANNAT		3	A A		MARVI AND

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Annapolis, Md. ADDRESS WILLIAM REESE & SONS MORTUARY, P.A.

25a. DATE REC'D. BY REGISTRA

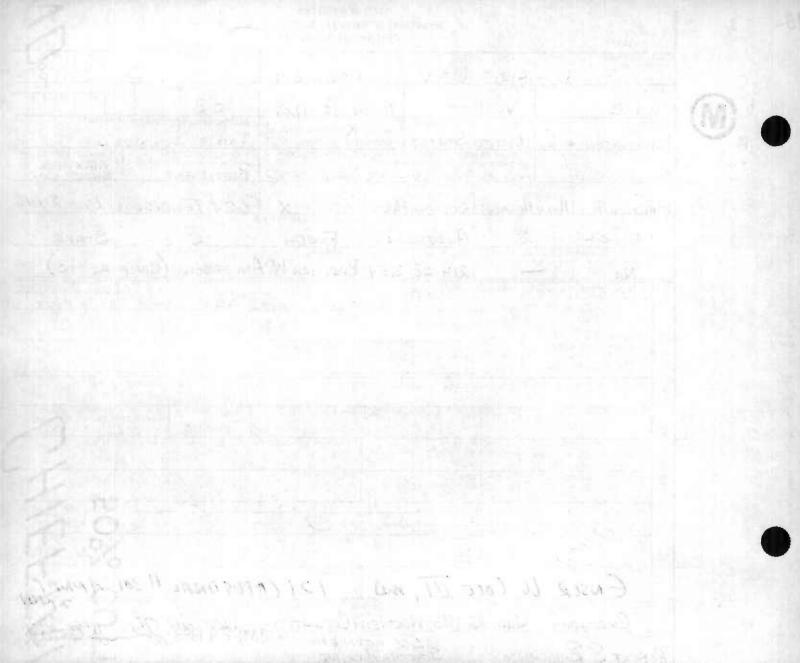
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MARYLAND STATE DEPARTMENT OF HEALTH

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10 3		1 -	FOR STATE	DEPART	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		00036
			REGISTRAR CEASED NAME FIRST	WIDDLE	LAST LAST	REG. NO	MONTH DAY YEAR 26 HOUR
oy be death death	2	(TYPE	DOK	SALD LEE	ANDERSO 15. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	1-20-83 1130 M
- 16	1	1	IALE	WHITE	MONTH DAY Y	29 53	MONTHS DAYS HOURS MIN.
	4	1.1	RTHPLACE (STATE OR FOREIGN COUNTRY)	UNITED STATES	MARRIED NEVER MARR	IED 🗆 🖊	R COUNTY OF DEATH MD.
201 rs ofter de by the filed with	33	-	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTI		ON 12b. KIND OF BUSINESS OR FWORKING LIFE) 12D ATAX WELL
21: How Jin be	35	USU, 13a S	TATE 135 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	13d. INSIDE CITY LI	MITS? 13e. STREET ADDRESS	IKESBURY LN. 21146
ARYLA within pletely nd 2 sh	1×20	14 FA	THER'S NAME PERST	MIDDLE ANDERS	15. MOTHER'S MAI	DEN NAME	STAFF
IMORE, M	medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIV	MED FORCES? 166. SOCIAL SEC (E WAR OR DATES) 214-28	URITY NO. 17 INFORMANT 2654 BARBARA	W. ANDERSON	
i, 201 W. PRESTON ST., BALTI ires that the death certificate be and by the ottending physician in please remove carban papers. In please remove carban papers.	o to		PART I. DEATH WAS CAUSE 162 MMEDIA Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	IN one couse per line for (o), (b), o D BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	etastatic L JENCE OF	ung Carcin	BETWEEN ONSET AND DEATH OMA DITHON GIVEN IN PART 110
RECORDS faw requipments as been signed bermit. The	ws ony inju	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
P VITA HAN: The physicic physicic physicide p	8 ch		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			OCCURRED (ENTER NATURE OF INJUI	
VISION O C PHYSIC attending er this cer s the buria	0	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
PIN ATTENDINI Hospital or of the for use as the feel the	. S.		220.1 certify the (I) this hospi	ital) attended the deceased from	, and that in (my) (our)	opinion death occurred on the de	te and hour and from the causes stated
0 8 0 80			22b SIGNATURE	Colein	DEGREE ATTEN PHYS	IDING MEDICAL STAI	
TO HOSPITAL retained by th TO FUNERAL should be dete	MPORTANT		ENSER (W. COLE III,	MD 220 ADDRESS	(ATHEONAL	H301 ANNAP
PP	2		BURIAL, CREMATION, REMOVAL SPECIFY CREMATION	JAN. 22, 1983 W	NAME OF CEMETERY OR CREM ESTYFIW CREMAT	VESTYELA	BALTIMERS M.D.
DHMH - 16 50M (VRA 15, 4)		R	NAME S. BARRE	anco Sievi	OI RITCHIE HWY.	250. DAJANOZY41988	Separate Separate



		1			STATE OF MARYLAND		00000
76		1.	FOR STATE		NT OF HEALTH AND MENTAL	HYGIENE &	00007
			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	m r		CEASED NAME FIRST	MIDDLE	AST	20 DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
y be	deoth		Olive	L.	Andrews	1-13-8	3 /150
e e		3. SE	'n	4 RACE	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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9 °	100		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
Heoth	1	Pi	reston Md.	11.5	VIDOWED DIVORCED	4 0	E ARUNDEL MD.
je.	51 3Q;	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATIO	
o sof	69 2/0	10	rafton me	Crofton Conv	alescent	Busine	00 - 0 - 10 1
212 hou	d be d be	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE AC	MISSION) 113d, INSIDE CITY LIMIT		America
24	三百万 年上	Ma		Arundel Mille		560 Vall	eywood Rd 211080
MARYLAND	2 sh		ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDE		
W P	ompletion of 2		Alphaus	Andrews	s Mary	WIDDLE	Smith
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, BALTIMORE	Poges medica		es WW	195-05-	282 Elizabe	th Andrews	same as 13e
BAI.	ysicio opera vol.		18 CAUSE OF DEATH (Enter an	ly ane cause per line far (a), (b), and (1	1 . 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PRESTON ST.	ading or r		1539	DUE TO, OR AS A CONSEQUEN	CE OF A	12 0	1,
dep	ove ove from		Conditions, if any, which	(1b) Carc	usung of	Colous	Meetle
	the remo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUEN	CE OF		
201 W.	d by eose al, cr		underlying cause last.	(c)			
	gned buri buri	1	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)
req.	t. The or to y injury	CERTIFICATION					
,	ermitte be	CA	190 DATE OF OPERATION	196. CONDITION FOR WHICH OF	PERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED W CERTIFYING CAUSES OF DEATH?
The The	0 6 7	E		The property of		YES NO	YES NO
DIVISION OF VITAL RECORDS,	SY SOLE S		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
	s certification of Mental Amental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19		
O HA	this e by d M	9	216 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA	211 LOCATION STREET	CITY OR TOW	COUNTY STATE
<u>></u> 9	offer hon hon rrked	1	AT WORK AT WORK		12/10	72 1.	2 67
	S. Al		220 I certify that (this haspit	ral) attended the decesed fram	7 - 17 190	~ to 1/1	, 19 , that ((we) last
I E	hospita RECTOF red for rpt. of H tem 21 i		saw the deceased alive an abave. (Dwe) did and no	1) view the hady after death	and that (Ay) (our) op	inion death accurred on the date	e and haur and fram the couses stated
OR A	Direction of them		226 SIGNATURE	vew me body direr deam	DEGREE		221. DATE SIGNED
7	tet t		LM	1204/0	ATTENDIN PHYSICIA		ES(51/1)
FIG	FUNERAL old be det of the State ORTANT:		224. PHYSICIAN'S NAME (TYPE O		22e ADDRESS	011.	() () () ()
HOSPI			MAX CF	-RANK W	755	14 Teles Huy	- Cler Dung my
5	of of state of the	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c NA	ME OF CEMETERY OR CREMATO	DRY 234 LOCATION	6/06/
F	3P		Burial		rospect Ceme	CITY OF LOWN	ucsburg. Pa. STATE
		74.F	INERAL DIRECTOR				GISTRADS SYGNATURE
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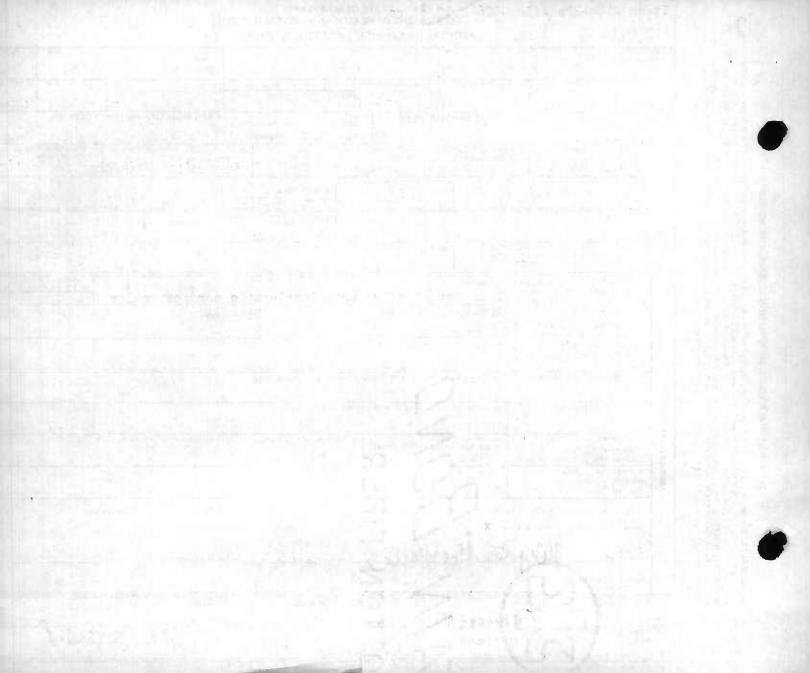
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-	1	STATE REGISTRAR	DEFARI	CERTIFICATE OF DEATH	REG. NO.	
TAR	1. DE	CEASED NAME FIRST FOSTER	Finley	Ashley	20. DATE OF DEATH MONTH DA	28 1100K
y	3. SE	Male	1. RACE White	5. DATE OF BIRTH MONTH DAY YEAR SEPT 1 1895		UNDER 1 YEAR IF UNDER 24 HRS NITHS DAYS HOURS MIN.
of once.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY O	
Odified	10. C	daenater	11. NAME OF HOSPITAL, NURSI 513 Londontown	NG HOME OR OTHER INSTITUTION TARDRESS! (HOME)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
and sales	13a. S	STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO VTY 136, CITY OR TOV	VN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 513 Londontons	RJ. 21037
0.20	14. FA		ster Ashley	15. MOTHER'S MAIDEN NO	Vitgina	Pugu
medicol	(1	VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIV VCS	MED FORCES? 16b. SOCIAL SEC E WAR OR DATES! 223-18		n Miller, 3742 K	eritze Ad Sio
emavol.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ion, or re		1629 Conditions, if ony, which	DUE TO, OR AS A CONSEQU	JENCE OF THO N	rable, tissue type not know	July 82
other fre		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	JENCE OF		
Then ple to burio injury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN	N IN PART 1(a
shaws ony	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
Mentol Hygor Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	PAY YEAR NA	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Health	ď	22a.1 certify that (1) this haspi sow the deceased alive on above, (1)	tol) ottended the deceosed from	do.	to JAU 20 19 death accurred on the date and hour c	that (I) (we) lost and from the causes stated
fe Dept.		22b. SIGNATURE Wille B. Fre	-11	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
with the State		22d PHYSICIAN'S NAME (TYPE O	Treedberg M.O	134 Owensu	0 1 1 10	ver 20778 MARYLAND
iw wi	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY t. Hebron Cemetery	23d. LOCATION	
M 4/82	24 FU	uneral director each Evans Fune	ral. Home. 1212 PREW	est St. Annapolis	TE REC'D. BY REGISTRAR WARDISTR.	

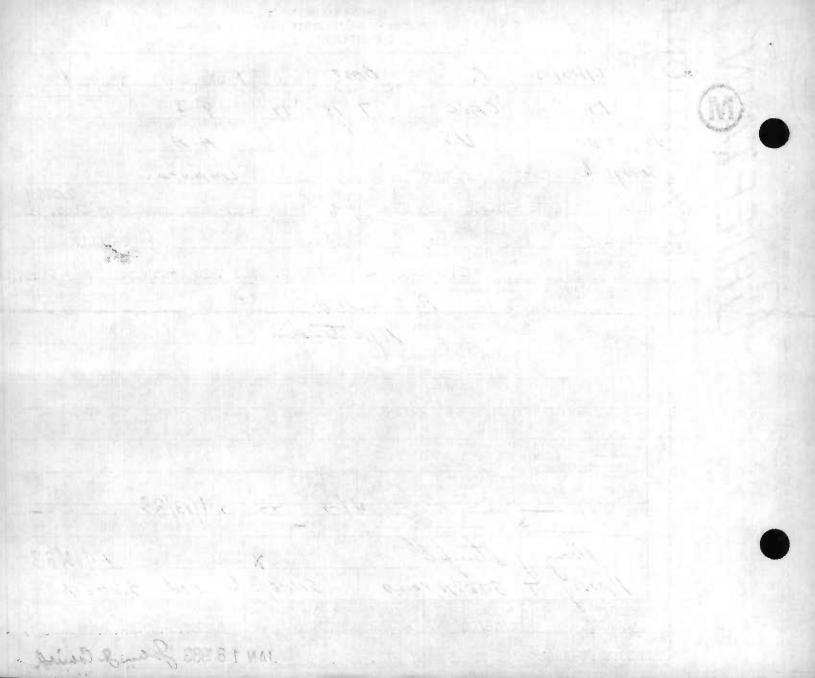
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HOURS M 1B. G			18. CAUSE O	F DEATH (Enter onl	y ane caus	e per line for	(a), (b),	and (c).)	1	50 F 177						BE	APPROXIMA	TE INTERVAL
N D N N	E.E.E.		PARTIDE	ATH WAS CAUSED IMMEDIAT		Hy	pert	ensiv	e ar	terios	cler	otic	cardi	iovas	cular			
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V. PREST WITHIN NCIL IN AINER A	EA H			ns, if any, which	1	(L.)												
W. W. W.	SN T		cause (a)	se to immediate stating the <u>under-</u>		E TO, OR AS	A CONS	EQUENCE	OF									
Z Z Z	N. A.		lying cau	se last.		(a)												
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120) S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA	AND		PART 2 OTNER SIG	GNIFICANT CONDITIONS		TO OFATH BUT N	OT RELATE	ED TO THE TERM	INAL DISEAS	E OR CONDITIO	N GIVEN IN PA	RT 1 (a)						
OR DIN	EWH	Z						TO THE PERM										
REC PEN ME	AND -	CERTIFICATION	190. DATE OF	OPERATION	196	CONDITION	I FOR W	HICH OPER	ATION W	/AS PERFOR	MED?					120	AUTOPS	17
VITAL RE SHOULD ORD "PE CHIEF A	P P P I	FIC															VEC.	NO 🗆
Y POD	M N N	F	21a EXTERNA	AL CAUSE WAS	21b	TIME OF INJ	ILIRY		I 21c Hi	OW INJURY	OCCURRE	DIENTER	NATURE OF IN	IIURY IN ITEM	A 18 PART 1 O	R PART 2)	YESXLX	NO L
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IVISION OF CERTIFICATE TING THE W	SAS SAS	MEDICAL	CONTRIBUTING	NG CAUSE OF D		P.M.	LILIDY	(AT HOME,	216.10	CATION								
IN SER	DEF DEF	A I				STREET, FACTORY,				STREET			CITY OR TO	WN		COUNTY		STATE
A WR	ATE		AT WORK	AT WORK		100												
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NOT	당축		death results	ed fram: Natur	ral causes	Acc	cident	Su. Su	icide	, Hamie	ide .	Undet	ermined m	anner [],			
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EXE PAG	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE THEN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFWITAL RECORDS, 2017 BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	23o.Bl	JRIAL, CREMA	TION, REMOVAL 2						OR CREMATO			CATION					
OGGGG Good	1.6	8	WRIAL		FEbu	nd. 3 M	25/	alchi al	M	ENADO.	41	Sir	ORTOWN	nr O		OUNTY	100.11	B(V/)
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	H - 17		NAME		Hon	PORESS	11.1	10	1 11	But.	FEB	4	1983	for	mod	- w	nely	
	ME (5))	E	OBGET (G. Masen	LINE	RAL	166	1 0000	Hepe	FEU	1 20						9 3	



(1	FOR - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 5 0	0 0 9 1 E.S.T.
-		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
648		WALTER	SULLTVAN	BARNES	JANUARY 08, 1983	2:25 PM
(IAT)	3. S	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF U	NDER 1 YEAR IF UNDER 24 HRS THS DAYS HOURS MIN.
		Male	Caucasian	JULY 11 1897	85 YRS.	
8 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Za. 1	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF	DEATH
100		aryland	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL COU	MD MD
s offer by the filed with	1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION (REET ADDRESS)		12b. KIND OF BUSINESS OR
20 42		GLEN BURNIE	NORTH ARUNDEL	HOSPITAL	Salesman	Bottled Gas
filled in rould be	130.	STATE 136 CO	or other institution, give residence by UNTY 13c. CITY OR TO Arunde Glenbi	urnie YES NO	1301 Oakwood R	d. 21061
etely 2 sh	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	MIDDLE	LAST
P de Diz	CF	J. Har	_	17.	e	Sullivan
Poges 1	16a	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS	ECURITY NO. 17. INFORMANT	ADDRESS	
Pog a		No		4-0209 Helen E.	Barnes Glen Bur	
sicio sicio pers ol.		18 CAUSE OF DEATH (Enter	only one cause per line for (a). (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy mpo emov		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (o)	Estro mela	y assent	
ding orbo		4297	DUE TO, OR AS A CONSE	QUENCE OF		
deotl ve c ion,		Conditions, if ony, which	(16)	(CVD)	COPD	
by the o		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF SCLES	Sus	
equires the signed to burio	No	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVEN	IN PART Ito
beer mit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATION WAS PERFORMED		ERE FINDINGS USED
w w ne po o	A E		111		YES NOTE YES	
iySICIAN: The ding physicio is certificate buriol-transit. Mental Hygie or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER, NOTIFY MEDICAL EXAMIT	DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)
1 6 6 . 7	MEDICAL	21d. INJURY OCCURRED	218 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFF	211. LOCATION	CITY OR TOWN	COUNTY STATE
After the osther of the osther of the one morked	2	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORT, OFF	nc, rann, ercy		
or or see of the or mo		22a.l certify that (I) (this has	spital) attended the deceased fro		/	22, that (I) (we) lost
TTEN Ditol TOR for u		sow the deceased alive	on 12 · 4 · not) view the body ofter death.	9 3 2 , and that in (my) (our) opin	nion death occurred on the date and hour on	d from the couses stated
R A hosp		226. SIGNATURE	not) vew the body ones decim.	DEGREE		22c. DATE SIGNED
the Dort		14 411	Mall on	Oun ATTENDIN PHYSICIAL	G MEDICAL STAFF N DIRECTOR PHYSICIAN	1-9 82
PITA by Sto d	1	224 PHYSICIAN'S NAME ITTE	E OR PRINT)	22e. ADDRESS		1
TO HOSPITA retained by TO FUNERA should be de with the Sto		HISTAFA OZ. M	D	605 BALTIM	ORE-ANNAPOLIS. SEVER	NA PARK MD
sho of sho	230	BURIAL, CREMATION, REMOV		23c. NAME OF CEMETERY OR CREMATO		V 17001, 511
BP	100	(SPECIFY)		Spring Hill Cem	CITY OR TOWN	albot Md
	24	Burial FUNERAL DIRECTOR	11-11-02		DATE REC'D. BY REGISTRAR 256 REGISTRAR	
DHMH - 16 50M 4/82 (VRA 15, 4)		Newnam Funer	al Home Ea	ston, Md.	IAN 121983 John	In Court
(Mewilam Tuller	ar nome La	00011, 1101	1777	



1091	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE Ö 🐧	00093
e e e		CEASED NAME FIRST	Eugene MIDDLE Edwa	rd Bathon		MONTH DAY YEAR 26. HOUR
nay be page 3 er death		Cucent		Rathon		1-7-83 11:50 PM
	3. SE	X M	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Page 4 director, hours aft	24' 0	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	H-2-25	A BALTIMORE CITY	YRS. DR COUNTY OF DEATH
4 10 24 24		COUNTRY)		MARRIED NEVER MARRIED		
and the		ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	Anne Ar	
1 m 1/4	1	Annapolis	Anne Arunde	ADDRESS)	Foreman	of working life) INDUSTRY Arundel Cor
3 1	L SU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		TAPUNGET COP
11/05		I3b. COU	A. Annapo		1824 M	ilvale Rd. (21401
2 sh		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		
Completely 1 and 2 sh		Edward	J. Bathon	Josephir		Sanders
Pages 1	160.	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	URITY NO. 17. INFORMANT	ADDR	ESS
S. Pages medica			VII 219-18-	3629 Loretta G	. Bathon	
physician pagers. F naval.		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line for (a), (b), or	nd (cvi)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
an por composition of the compos			TE CAUSE (D) cods	ispenie who	ck	
carb carb , ar		4100	DUE TO, OR AS A CONSEQU	ENCE OF	- mI	
move carb nation, ar troumatic		Conditions, if any, which	(b) Exterx	ion of Interio	- ml	
ed by the atter ilease remave a ral, cremation, or other froum		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCE OF		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER.	MAIN AL DISEASE OF CON	IDITION CIVEN IN PART 1:0
hen ta bi	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	BEATH BUT NOT KEENTED TO THE TEK	MINAL DISEASE OR CON	DITION SIVEN IN PART 110
mit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
t per lene	Ē				YES NO	YES NO
burial-transit per Mental Hygiene or Item 18 shaws		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		AY YEAR 216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART 2)
hentol them I them I	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
	MED	21d. INJURY OCCURRED	214. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
ealth and s marked		AT WORK		, - / · · · · ·	7	- 7 R(. A) .
		22a.1 certify that (1) (this hasp	n 19	R? and that in my (our) opinion	death accurred on the d	late and hour and from the causes stated
ed for		above. (I) (we (thid) (flid is 22b. SIGNATURE	at) view the bady after disarb	DEGREE	The second secon	22c. DATE SIGNED
detached ate Dept		101	1 1	ATTENDING	MEDICAL STA	FF _ 1 7-162
Stot Stot	1	224 PHYSICIAN'S NAME HAPE	OR PRINT)	22e. ADDRESS	DIRECTOR PHYSIC	JIAN LI // A
TO FUNERAL DIRECTOR: should be detached for us with the State Dept of He IMPORTANT: If them 21 is		AC	APUTO			
should b	23o.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	L	Burial		ulaney Valley	Cockey	sville Md.
16 50M 4/82		UNERAL DIRECTOR Bal	to., Md. 21225	25e. DA	4000	25 EGISTRAR'S SIGNATURE
A 15, 4)	Ge	eorge J. Gone	F.H. 4001 PRI	tchie Hgwy. JA	N 101983	James and

STATE OF MARYLAND

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1		FOR STATE REGISTRAF
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	3	0	0	U	9	4
	DEC NO					

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.						
I. DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH DAY YEAR	2b HOUR					
WILL	IAM J.	BECKER	January 4, 1983	9:30 M					
3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE						
Male	White	Aug. 31,1912 YEAR	70 YRS.	TS HOURS MIN.					
70 BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	OF DEATH					
Maryland	U.S.	WIDOWED DIVORCED							
10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
Arnold	1036 Deep Cre		self-employed ta	vern					
USUAL RESIDENCE (IF HURSING HOME OR 138. STATE 13b COUN A. A.	ITY 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2/15	Ave					
	MIDDLELAST	15. MOTHER'S MAIDEN NA	AME AMEDINE	IAST					
John	Becker	Maggie		n					
160 WAS DECEASED EVER IN U.S. AR/ (YES NO OR UNKNOWN) (IF YES, GIVE	E WAR ORD ATES		ADDRESS						
IVO	216 03	7827 Margaret F.	Becker, same as 13e						
18 CAUSE OF DEATH Enter onl PART I. DEATH WAS CAUSED	ly one cause per line (or (a), (b), an D BY.			OXIMATE INTERVAL EN ONSET AND DEATH					
IMMEDIATI	E CAUSE (0) Pletastat	ic (arcinoma t	rostate sep.	181					
1820	DUE TO, OR AS A CONSEQU	ENCE OF							
Conditions, if any, which gove rise to immediate	(b)								
underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF							
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART	1(n)					
Z	ON BITTONS CONTRIBUTION TO	DEATH DOTTO TREE ATED TO THE TERM	MITAL DISEASE ON CONDITION SIVER IN LAND	110					
190 DATE OF OPERATION 9-6-82 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FIN	DINGS USED					
1 7-6-82	Orchiecton	, for Prustate Cancer	YES NO YES YES	NO []					
	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART	2)					
OR CONTRIBUTING CAUSE OF DEAT	18	19							
GRECONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN COUNTY	STATE					
AT WORK AT WORK									
	ol) ottended the deceased from	8 2 and that in (my) (our) anising	death occurred on the date and hour and from the	_, that (I) (we) lost					
sow, the deceased alice above, (1) (we) with did not 17h SIGNATURE	view the body after death.	, and mor in (my) (our) opinion	The second secon	ITE SIGNED					
Clames	d. Siles m	MA ATTENDING	ATTACAMENT TO THE PART OF THE	5/1983					
728 PHYSICIAN'S NAME (TYPE OF		27# ADDRESS	200	30.2					
/ James	B. Biles, M.D	. 100 Ridge	ly Ave., Annapolis,	Md.					

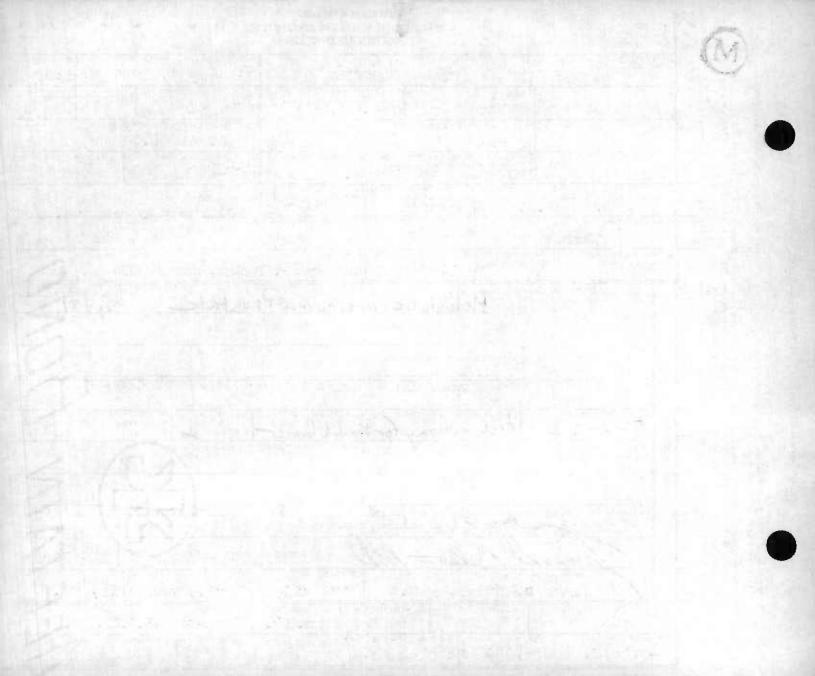
DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

1/8/1983 Glen Haven Mem. Baltimore, Md. Pk.

Glen Burnie, A.A.Co., Md.

George J. Gonce, 4001 Ritchie Hg.,



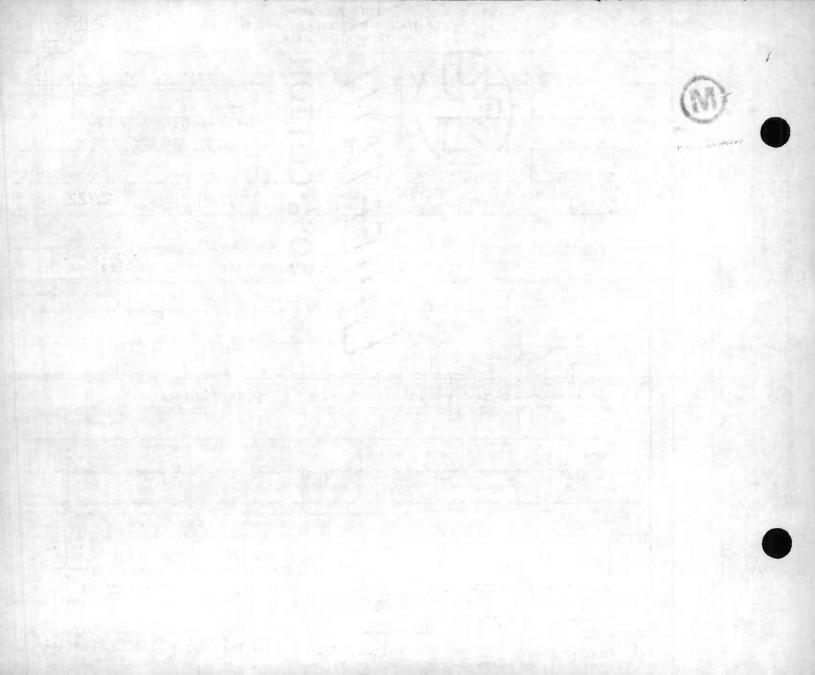
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DIVISION OF VII AL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death
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	HOSPITAL OR ATTENDING PHYSICIAN: TI
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1	Ľ	FOR STATE REGISTRAR		DEPA	ENT OF H	E OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYGI	ENE 8 3	40.	0 0	9 5 EST		
nay be page 3	(TYP	CEASED NAME FIRST MABEL	٨	AIDDLE	BEDFOR	ZD		JANUARY		1983	26 HOUR 618 PM		
The state of the s	3. SE	FEMALE	4 RACE WH	les.	5 DATE C		YEAR 05	6. AGE (IN YEARS LAST B	YRS.	IF UNDER I YEAR	HOURS MIN.		
	5	RTHPLACE (STATE OR FOREIGN COUNTRY) Pa.	US	WHAT COUNTRY?	WIDOWE		ORCED		COUNTY	COUNTY MD.			
ore after		GLEN BURNIE	11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION NORTH ARUNDEL AROSPITAL					120 USUAL OCCUPATION 120 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
ly filled in should be rer must be	13a. :	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN Md.		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Glen Bu	V .		40 🗌	13e STREET ADDRESS	Jersey		1061 N.W.		
ond 2		George		last node		15. MOTHER'S A FIR Jenni	151	MIDDLE		LAST			
be execut	16a \	VAS DECEASED EVER IN U.S. AR ves, no or unknown) (IF yes, Giv NO.	MED FORCES?	216-70-4		17 INFORMAN		Bedford		as #13			
that the death certificate d by the attending physicis cose remove carbon paper iol, cremation, or removal. or other froumatic event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	D BY: "E CAUSE (a) DUE TO, OR	AS A CONSEQUE	ITE'N	ARR	THMI	A		APPROXIA BETWEEN O	APS APS		
on requires on the permit. Then please permit. Then please prior to burn ows ony injury, of	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF ECENT. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CER 19b. CONDIT	PERRO TION FOR WHICH	VASC	ULA R N WAS PERFORM	A C	CIDE NT 200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED		
NG PHYSICIAN: TI ottending physicia free this certificate as the buriol-transit hand Mental Hash hand Mental Hash briefed or Item 18 she	MEDICAL C	OR CONTRIBUTING CAUSE OE DEA (IF EITHER NOTIFF MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M P.M 21e. PLACE C	A. MONTH DA	19	21f. LOCATION STREET		ED (ENTER NATUREOF INJ		COUNTY	STATE		
OR ATTENDI he hospitol or DIRECTOR: A oched for use Dept. of Heoli if Item 21 is mo		22a. I certify that (1) (1) says the page (1) (1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	3 TA	deceased from N 19 Ster death.		DEGREE	19 w) opinion d	, ta 37 A	ate and haur	9 22c. DATES	auses stated		
TO HOSPITAL retained by the TO FUNERAL should be determent the State (MPORTANT: F		RAFAEL JUAN	IGARTUA			22e ADDRESS FOR	YSICIAN KIN	DIRECTOR PHYSI BROUGH ARM E, MARYLAN	Y HOSP		Mn 85		
BP		URIAL, CREMATION REMOVAL SPECIFY) Removal	1/30		AME OF C	METERY OR CRE		23d LOCATION CITY OR TOWN		COUNTY	STATE		
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	NERAL DIRECTOR NAME Anatomy Boa	rd	ADDRESS	Balto	. Md.	FEE	REC'D. BY REGISTRAN	REGISTR	AR'S SIGNATU	RE		

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3 70 70 13	NOTA CIBITAD INCIDEN	23
) 2 54 35 20	1 99	
expriner and substituted from the sextra substitute of the sextra subst	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical expining the facilities.	
mpletely filled in by the furtion are control ond 2 should be filed within 72 hou	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the furnity should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 77.	
ed within z4 hours offer deoth. Poge 4 moy	TO MOST TALL OR ALLENDING PRINCIPANT THE IOW (equites mot me dean certificate be executed within 24 hours offer death. Page 4 may retained by the haspital or ottending physician.	-
MARYLAND 21201	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	

					STAT	E OF MARYLA	ND					24	
1	FOR			DEPART	MENT OF H	EALTH AND M	ENTAL HYG	IENE 3	5	U		1 4	0
1	STATE REGISTRAR				CERTIF	ICATE OF D	EATH					TICE	
I DE	CEASED NAME	FIRST	A.	AIDDI F		AST		20. DATE O	REG. NO		DAY YEAR	EST	
	E OR PRINT)	r m 31		NODEL .		-31		20. DATE O	r DEATH	MUNIA	UM1 TEME	25 HOUR	
	MA	RGUERI	re	CLEMSEY		BEISER		JAN	IUARY	5, 19	83	1:551	P M
3 SE	X	4.	RACE	EX. T	5 DATE C			6 AGE (IN)	YEARS LAST BIR	[HDAY]	MONTHS DAYS	1	
	Female		White		12.		OO	82			MONTHS DAYS	HOURS	MIN.
7a. B	IRTHPLACE (STATE OR	OREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8	_			ORE CITY O	R COUNTY	OFDEATH		
	COUNTRY					D NEVER M							
16 C	Englar		NIAME OF S	AL SOLUTION AND AND AND AND AND AND AND AND AND AN	WIDOWE		ORCED .				COUNTY		MD.
ro C	ITT OR TOWN OF DEA	AIM III	(IF NOT IN SUCE	OSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTI	TUTION	120 USUAL		ON FWORKING LIF	12b. KIND (INDUSTRY	OF BUSINES	55 OR
	GLEN BUR			RTH ARUND		SPITAL		Ope	rator		Stat	e Gob	s't
USU 13a	AL RESIDENCE (IF NURS	136 COUNTY		130. CITY OR TOW		13d INSIDE CIT	COTIANILY	13e. STREET	*000000	MILL S	2112	_	
	Md.	138 COUNT	44	Pasaden			NO I		Bay	Drive	2112	_	
14. F/	ATHER'S NAME			Lasaden	a	15. MOTHER'S	- [Day .	DIIVE			
	FIRST	MID	_	LAST			IRST		MIDDLE		LA	ST	
16. 1	WAS DESERVED EVEN	151111111111111111111111111111111111111		yden					10000				
	WAS DECEASED EVER YES NO OR UNKNOWN)	(IF YES, GIVE W		166 SOCIAL SECU		17 INFORMAN		_ ,	ADDRE	Dd.	lto., M		
				216-32-	7601	Mr.	Albert	Tuel	332	Westsi	hire Ro	ad	
	18 CAUSE OF DEAT	H (Enter only o	one couse per	line for (a), (b), on	d (c).)				2		BETWEEN	ONSET AND D	AL
	PART I. DEATH W	'AS CAUSED E		Card	100	el (01 85	tory	900	test				
	4711)	DOMESTIC TO			1	-						
	1360		DUE TO, OF	AS A CONSEQUE		coul	0	cc	Ida	4			
	Conditions, if ony, gove rise to imn		(b)	(626)	OTVV	Sug	wy		1 -1 - 0	")			
	couse (o), stotin	g the '	DUE TO, OR	AS A CONSEQUE	ENCE OF								
	underlying cause	lost	(c)										
	PART 2 OTHER SIGN	VIFICANT COL	NDITIONS CO	NTRIBUTING, TO	DEATH BUT	NOT RELATED	O THE TERM	INAL DISEAS	E OR CON	DIMON GIV	EN IN PART 1	0	
O	Congesti	ve h	eart	faller	re	Vent	an	ny	Lm	9			
AT	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTO	OPSY?		, WERE FINDI		
FF								YES 🖂	NO		YING CAUSES		4?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UND	DERLYING	216, TIME OF	INJURY		21c. HOW INJ	IRY OCCURR				Toronto.	№ □	
0 1	OR CONTRIBUTING				AY YEAR	2 M. 110 W 1113	OKT OCCORR	ED (ENIEKNA	ATURE OF INJUR	Y IN HEM IS P	ART I OR PART 2)		
CA	(IF EITHER, NOTIFY MEDIC		P.A		19	7							
AED	21d. INJURY OCCURE		21e. PLACE C	OF INJURY EET, FACTORY OFFICE, F	ARM FIC I	211. LOCATION	1		CITY OR TO	WN	COUNTY	ST	ATE
~	AT WORK NOT WH	RK .				-42.00							
	22a. I certify that (1)	(this hospital)	ottended the	deceosed from_			. 19	to			19	that (I) (w	e) lost
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	181					PI	HYSICIAN Z	DIRECTOR	☐ PHYSIC	IAN		103	
	22d, PHYSICIAN'S NA					22e ADDRESS	205 E	BALTIMO	ORE-AN	MAPOI	IS BLV	D.	
	BASAN	IT KHAN	DELWAL	, M.D.			GLEN	BURNII	E, MAI	YLAND	21061		
23a. 8	BURIAL, CREMATION,	REMOVAL	23b DATE	23c h	NAME OF C	EMETERY OR CI	REMATORY	23d LOC/					
1	(SPECIFY) Remov	al :	1/5/83	Mary Services				CITY	OR TOWN		COUNTY	STA	ATE
24 FI	UNERAL DIRECTOR		, -, -,				25e DATE	BEC'D BY	EC IC TO A D	15 PECIET	RAR'S SIGNA	105	A
	NAME	T Board	7	ADDRESS	Balto	., Md.	JAI	V12	1983^1	THE ISE	WAK S JONG	atively	K
	Anatom	y Board	4		Darco	· / Ha		٠		0			



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

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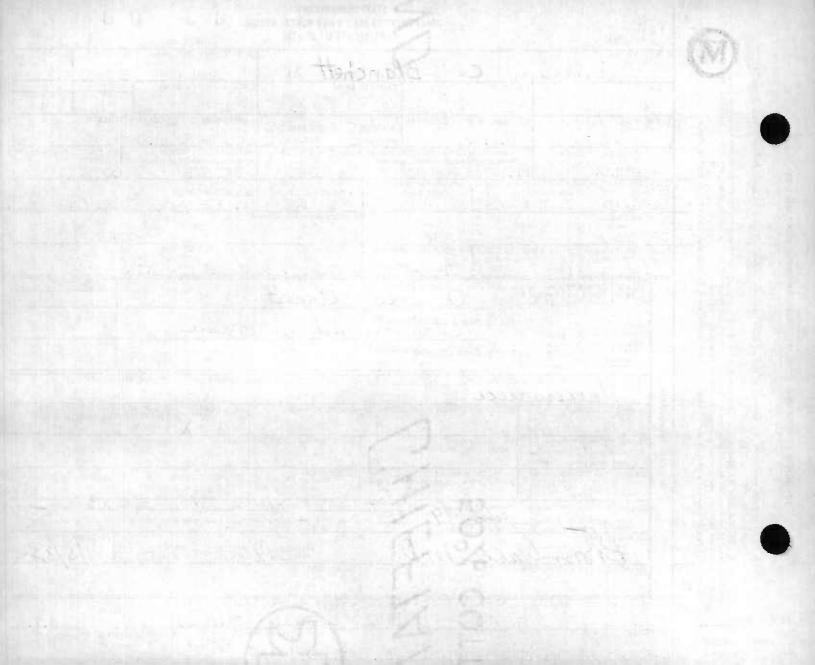
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REGISTRAR EASED NAME FRIST EMPRINT) EMPLOY THPLACE (STATE OR FOREIGN UNTRYLLAND Y OR TOWN OF DEATH NAPOLIS RESIDENCE (IF NURSING HOME OF ATE 13b, COU RYLAND HER'S NAME	A. RACE BLACK 7b. CITIZEN OF WHAT CO U.S.A. 11. NAME OF HOSPITA (IR NOT IN SUCH FACILITY, ANNE ARUNDE R OTHER INSTITUTION, GIVE RESID	S. DATE (MONT) OUNTRY? MARRIE WIDOWE LI, NURSING HOME (GWE STREET ADDRESS)	DAY - 13 NEVER MARRIED DIVORCED	REG. NO. 20. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUL ANNE ARUNDEL C	MONTHS DAYS HOUR	DER 24 HRS
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	VE WAR OR DATES)	CIAL SECURITY NO.				
	1A c (2)	Hen	NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF	YES, WIRE FINDINGS US RTIFYING CAUSES OF DE	EATH?
	ATH HOUR A.M. MO (R) P.M. 21e. PLACE OF INJUR	DNTH DAY YEAR 19 RY	211 LOCATION			STATE
saw the deceased alive a	attended the deceas	sed from 1983, or	nd that in (my) (apinion operate	death accurred on the date and	2, 19, 83, that (1	II (vg=) la s stated
JRIAL, CREMATION, REMOVA	1-4 ARdsen	23c. NAME OF C	PHYSICIAN E 220 ADDRESS FOR BES EMETERY OR CREMATORY	STREET AND INCOME.	NAPOlis	ind
F 2 2 2	ROUSE OF DEATH IEnter on PART I. DEATH WAS CAUSE MAMEDIA Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT OR CONTRIBUTING CAUSE OF DEATH ON CONTRIBUTING CAUSE OF	RIAL, CREMATION, REMOVAL RIAL, CREMATICAL	RIAL, CREMATION, REMOVAL RIAL, CREMATICAL RIAL, CREMATICAL RIAL, CREMATICAL RIAL, CREMATICAL RIAL, CREMATION, REMOVAL RIAL, CREMATICAL RIAL, CREMATICAL	RIAL, CREMATION, REMOVAL REGERT I. DEATH LEnter only one cause permitted in the part I. Death Lenter only one cause permitted in the part I. Death Lenter only one cause permitted in the part I. Death Lenter only one cause permitted in the part I. Death Lenter only one cause in the part I. Death Lenter only one cause lost. Consequence of Consequenc	CAUSE OF DEATH "Enter only one couse per limit to, (b), and (c). PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	B CAUSE OF DEATH LENter only one couse per (minutary) in an accouse per (minutary) in accouse minutary in accouse in a construction of the couse of t

Call Lines We books at., Seeks, No. 605 51 MARINE MEN SERVE SHAIL-18-1 ALLES AND ALLES AND ALLES

HARDESTY FUNERAL HOME 12 RIDGELY AVE. ANN. MD

(VRA 15, 4)



STATE OF MARYLAND

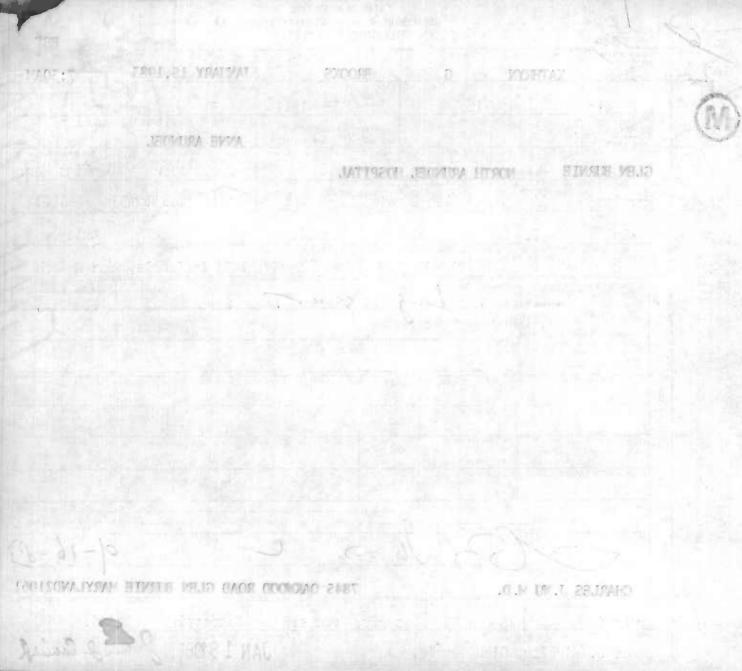
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/0		CEUSED HAVING	IRST	MIDDLE	L	AST	20.	DATE OF DEATH		YEAR	2b. HOUR
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od P		IRTHPLACE (STATE OR FOREK	3H 7b. CITIZEN C	F WHAT COUNTRY	Y? 8	NEVER MARRIED	9 E	ALTIMORE CITY OF	COUNTYO	FDEATH	1-2-6
deoit deoit		Germany	U.S		WIDOWE	D DIVORCED		ANNE ARUND	EL COU	NTY	MD
offer o	4	ITY OR TOWN OF DEATH	(IF NOT IN	OF HOSPITAL, NURS SUCH FACILITY, GIVE STRE I ARUNDEL	ET ADDRESS)	R OTHER INSTITUTION	(TY	. USUAL OCCUPATION PE OF WORK FOR MOST OF Pholster	WORKING LIFE)	INDUSTRY	f BUSINESS OR
thin 24 hours	13a	AL RESIDENCE (IF NURSING			ORE ADMISSION)	136 INSIDE CITY UMI YES NO X	ITS? 13e	STREET ADDRESS	bor F		21122)
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cute cute	16a \	WAS DECEASED EVER IN	U.S. ARMED FORCES		CURITY NO.	Dora 17 INFORMANT		ADDRE	SS		
a public	(YES NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	213-09	-7514	Lillian	Boc	k (same	29 13	(98	
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or other thing a physician. After this certificate has been signed by the ottending physician and completely filled in by as the buriol-tronsit permit. Then please remove carbon populity graft found 2 inhoid but in and Mental Hygiene prior to burial, cremation, or removal. Or set the United Hygiene prior to burial, cremation, or removal.	CERTIFICATION	Canditions, if any, will gove rise to immed cause a stating underlying cause PART 2 OTHER SIGNIFI	hich (b), iote the DUE TO, ast (c)_CANT CONDITIONS		DENCE OF	NOT RELATED TO THE		L DISEASE OR COND	20b. IF YES,	WERE FINDIN	NGS USED
hos b	F	No. of the last of						YES TI NOW	IN CERTIFYI YES	NG CAUSES	OF DEATH?
OR ATTEND he hospital or DIRECTOR: 4 oched for use Dept. of Healthean 21 is m	MEDICAL CERT	210. ACCIDENT WAS UNDERSTOR CONTRIBUTING CAUS (IF ETHER, NOTIFY MEDICALE) 21d INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (this saw the deceased above (1) (we) (did) 22b. SIGNATURE	SE OF DEATH HOUR AMINER) 21e. PLAC (AT HOME,		19 E, FARM, ETC.)	211. LOCATION STREET 19 d that in (our) op	ga.	CITY OR TOW	N 15 te and hour c	county	STATE that (we) lost causes stated
		CATOLA	e 111, t	Vully	141	PHYSICI	IAN X DI	RECTOR PHYSIC	AN 🗌	1111	100
TO HOSPITAL etoined by 11 TO FUNERAL should be det with the Store		LORAINE M.		1.D.		PASADENA,				D ,	Same !
PP	23a Bi	BURIAL, CREMATION, REA	1/10	1-		emetery or cremat		Baltim	ore	DUNTY	STATE Md.
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR BE	alto., M	d. 2122	5	25	a. DATE RE	C'D, BY REGISTRAR		AR'S SIGNAT	URE

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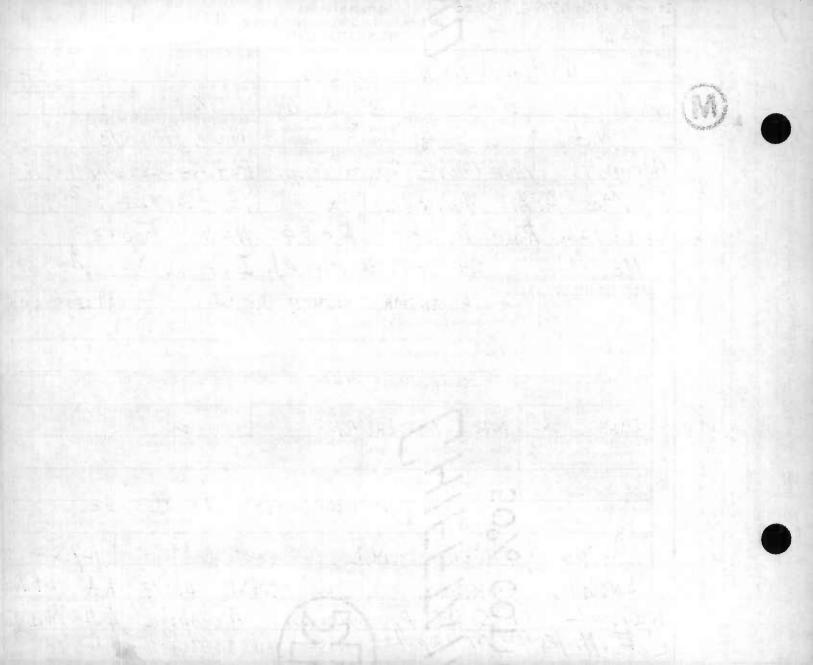
1	71.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTA			U	102	ECT.	
		CEASED NAME FIRST	M	IDDLE	t.	AST			MONTH C	DAY YEAR	EST 26 HOUR	
	(TYPE	E OR PRINT) KATHE	VNI	G	R	ROOKS		JANUARY 15	1983		. 30AM	
Man.	3 SE		4. RACE	U	S. DATE C	OF BIRTH		AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	3 04	Female	Whit		June	70 707		71	YRS	AONIHS DAYS	HOURS MIN.	
カラ		COUNTRY)		ITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY C								
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54	(GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) NORTH ARUNDEL HOSPITAL (17PE OF WORK FOR MOST OF WORKING LIFE BOOKKeeper							126 KIND OF BUSINESS OR INDUSTRY. Jenkins Mar.		
35	130. 5	AL RESIDENCE (IF NURSING HOME OR CASTATE 136. COUN AA		Glen Bu	VN .	13d INSIDE CITY LIN	MITS?	130 STREET ADDRESS 1411 Iste	d [°] Road	d	21061	
20	114 FA	John F.								0x1ey		
			MED FORCES? WAR OR OATES!	16b. SOCIAL SEC		17 INFORMANT		ADDRESS				
1		No		279-01-4	4349	Janet Go	udy,	1466 India	nola,			
	NOI	18 CAUSE OF DEATH. Enter onl PART I. DEATH WAS CAUSED Conditions, if ony, which gove rise to immediate couse to, storing the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQU	ENCE OF	CQ N CENTRAL TO THE	HE TERMIN	val disease or coni	DITION GIVI		MATE INTERVAL INSET AND DEATH	
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORMED		200 AUTOPSY?		, WERE FINDIN YING CAUSES		
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M	MONTH D	AY YEAR	21c HOW INJURY (OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PA	ART 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	FINJURY ET FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE	
		270. I certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not 27b. SIGNATURE		19 4 and that in (my) (our) pappe			opinion de	enth occurred on the do	te ond hour			
1		CHARLES J.WU	M.D.	4		7845 OAKW	VOOD 1	ROAD GLEN	BURNIE	MARYLA	ND21061	
		BURIAL, CREMATION, REMOVAL	236 DATE	Later and the second		EMETERY OR CREMA	ATORY	23d LOCATION		COUNTY	STATE	
1		Cremation	18 Jan	83 Se	ecurit	y Process		Catonsvil		Balti.	MD	
1		JNERALDIRECTOR James S. Kirkley	, Glen	Burnie,	MD	2	JA	N 181983	25b. RECHSTE	RAR'S SIGNATU	smelf	

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)



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	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF CERTIFICATE OF DEATH REGISTRAR REG. NO.	
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24 have	13a.	AL RESIDENCE (IF PURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136. CITY OR TOWN 137. CITY OR TOWN 138. INSIDE CITY LIMITS? 139. STREET ADDRESS 130. STREET ADDRESS 140. ADDRESS 150. ADDRESS	401
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n and ca Pages 1		NAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT LA ADDRESS SAME AS	134
certificate by physicia physicia chanpapers: r removal.		18. CAUSE OF DEATH (Enter only one couse per line for (o), Tb), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARCLINGMA SIGMOSTA COLAN APPROXIMATE BETWEEN ONSET AT LEAS	AND DEATH
E 000 to		1533 DUE TO, OR AS A CONSEQUENCE OF	1 6/16
the end of		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
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been sirmit. The prior to any inju	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS I	
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3 PHYS iffending or this co the burn and Me	MEDICAL	21d. INJURY OCCURRED 21a. PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21b. LOCATION STREET CITY OR TOWN COUNTY	STATE
or o		ALWORN ALWORN	(I) (we) lost
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y the hos RAL DIREC detoched detoched		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	83
HOSPI FUNE VId be ortal		ANTONIO L. KISON 120. ADDRESS 1666 FOREST DIVING AA-	MX
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DHMH - 16 50M 4/82	16	HICKS HANN Aug Ohls -Ma 11983 John & Calul	4



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o1 s after by the	動	A	NATOUS AUNE	OSPITAL, NURSING HOME OR OTHER FACILITY, GIVE STREET ADDRESS!	100	WOR FORMOST OF WORKING LIFE)	BAKER
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E, MARYLAND cuted within 24 completely fille	ond 2 sh	14. FA	HERS NAME HISTORY MIGDLE TO N	BROWN 15. MOTH	HER'S MAIDEN NAME	MIDDLE HAR	1BRUCK
IMORE,	Pages 1		AS DECEASED EVER IN O.S. ARMED FORCES? S NOODUNNOWN) 1876 GIVE WAR OR DATES)	220 44 883 \ BEU	erly her	C49 REVELL	DOWNS
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law require attending physicion.	shows ony ii	CERTIFICATION	9a. DATE OF OPERATION 19b. CONDIT	ION FOR WHICH OPERATION WAS PI	ERFORMED 200 / YES		WERE FINDINGS USED NG CAUSES OF DEATH?
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TO HOSPITAL	h the St		22d PHYSICIAN'S NAME (TYPE OR PRINT) HWG00]	270 AD	FORBES ST	ANNAPOLIS M	0
ည္ နိုင္ BP		230	RIAL, CREMATION, REMOVAL 1111, ATE 127/	83. CEDAR BU	OR CREMATIONY 240	WARLISO F	A Mai
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011/	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE O O	0 0 1 0 3
X		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	EST
		CEASED NAME PIRST	WIDDLE	Diast and	20. DATE OF DEATH MON	
8 8 8		KOGRA	e Henry	BROWN		5. 83 7:20A M
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
(8A)		Jale	Black	April 10, 1914	68	YRS.
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	MARYLAND	USA	WIDOWED DIVORCED	ANNE ARUNI	DEL COUNTY MD.
The state of the s	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE)	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
S of	G	LEN BURNIE	NORTH ARUND		Retired	ANIAG DIE)
MARYLAND 2120 red within 24 hours ond 2 should be fill examiner on the ho		AL RESIDENCE (IF NURSING HOME OR OTTATE 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		138. STREET ADDRESS	21617
ND 24		UD.	A. CENTVE	11 - 1	138. STREET ADDRESS	
ryta 1thin 2 sh	14 FA	THER'S NAME		15. MOTHER'S MAIDEN NA		
w As w bed w bed w bed ond		Kennard &	Doencer Bro	own Mary	WIDDIE	Johnson
		VAS DECEASED EVER IN U.S. ARA		URITY NO. 17 INFORMANT	ADDRESS	Emmert st.
BALTIMORE, cote be execu- ysicion and copers. Pages wal.	Sept.	(ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) (JAKAO	wn David Br	0000 2/1	havil Nul
ALTIN te be te be sicion pers. P		18. CAUSE OF DEATH (Enter onl	y one cause per line for (a), (b), or	8 6 7	7/1	APPROXIV NIERVAL BETWEEN OU AND DEATH
	100	PART I, DEATH WAS CAUSED	BY: ECAUSE (a) Care	diae Arrest.		
R SI		5860 MMEDIAN				
estor death offendi ove co tion, o		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE OF Culus	re	
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beer mit.	AT	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
TAL REC	I PE	25 17.00	P. Name		YES NOT	CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OR PHYSICIAN: The law requires that the death certificate this certificate has been signed by the ottending physician. When please remove corbang th and Memial Hygiene prior to buriol, cremation, or removed or them 18 shows ony injury, or other traumatic even	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
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VISION OF VII G PHYSICIAN: otherding physis er this certifico s the buriol-tron ond Mentel Hy ked or frem 18	MEDICAL	21d. INJURY OCCURRED	218. PLACE OF INJURY	21f. LOCATION		COUNTY STATE
VISION G PH of the street of t	×	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC) STREET	CITY OR TOWN	COUNTY
ENDING P col or after col or after the color of the color			ol) ottended the deceased from,	12 . 20 . 10 82		5- 19 83 , that (1) (we) lost
TEN TO OR		sow the deceosed olive on above, (1) (we) (did) (did not	1 //	93 , and that in (my) (our) opinion		and hour and from the couses stated
R ATTEN hospital RECTOR RECTOR hed for up hed for up to f H		abave, (I) (we) (did) (did not	view the body after death.	DEGREE		22c. DATE SIGNED
0 = 0 0 4		Xtym	aco_	M - O ATTENDING	DIRECTOR PHYSICIAN	115788
4 × 5 0 0 5		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	100 ADDDECC		
O HOSPIT erained by TO FUNER. should be with the Ste With the Ste			2100.	/445-	-A FURNACE BRA	
TO HOSPII retained b TO FUNER should be with the SI MPORTAN	22- 1			NAME OF CEMETERY OR CREMATORY	BURNIE, MARYI	AND ZIUDI
()	230. I	PECIFY)	23b. DATE 3 23c.		CITY OR TOWN	SUNTY STATE).
108 BP	24 E	JNERAL DIRECTOR	1.1010	arle's Chapel	TE REC'D. BY REGISTRAR BY	
DHMH - 16 50M 4/82	-	DIAME / Decl	ADDRESS	606 EASTON JA		hu & Calrel
(VRA 15, 4)	E	KICL. MISH	1611 F.O. DOX	COO CIBICA OF	111	

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	' -	STATE REGISTRAR		DEPARIM		IEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	0	70	E.S
		CEASED NAME FIRST		MIDDLE	ı	AST		MONTH DAY		26 HOUR
	TYPE	SUSIE	BRYANT				JANUARY	14, 1	983	2:00
1	3. SE)		4. RACE 5. DATE C				6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER
		Female	Black 40NTH			15 1915	67.	YRS.		
1	Ta	Tboro, S.C.	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED D. WIDOWED [11. NAME OF HOSPITAL, NURSING HOME OR OF HOSPITAL HOSPIT				9. BALTIMORE CITY O	JNDEL	COUNT	
(1)	1	EN BURNIE					TYPE OF WORK FOR MOST OF Retired	ON OF WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINE
35	USU/ 13a. S	AL RESIDENCE (IF NURSING HOMEOR	OTHER INSTITUTION TY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y Baltimore		13d. INSIDE CITY LIMITS?	·			1229
10		THER'S NAME Willie	Smith AED FORCES? 166. SOCIAL SECURITY NO.			15. MOTHER'S MAIDEN NAME Laura	WE	Kilal	brouģĺ	h h
0	6a V	VAS DECEASED EVER IN U.S. AR				17. INFORMANT	ADDRE			
1	- (VAS DECEASED EVER IN U.S. ARI	WAR OR DATES			Linda Trice	4714 Saye	er Ave.		
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	DR AS A CONSEQUE	NCE OF					
a	ICATION	couse (a), stating the	(c) CONDITIONS <u>C</u>	ONTRIBUTING TO [DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN 20b. IF YES, W	VERE FINDI	NGS USED
9	ERTIFICATION	couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	(c)	ONTRIBUTING TO D	DEATH BUT	IN WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES	NGS USEL
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MPORTANT: If them 21 is marked ar them 18 shows any injury, ar ather traumatic event, the medical exam

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTIF	ICATE OF DE	ATH	REG. N	0.		E.S.T.
		CEASED NAME OR PRINT)	HO! ARI		sley	В	USSEY	7/1		MONTH RY 13	, 1983	26 HOUR 4:55 A
	3. SEX	Male		4. RACE Wh	ite	5. DATE C	DAY	YEAR 1924	6 AGE JIN YEARS LAST BIR	THDAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5		Maryl:	and	1	U.S.A.	WIDOWE		RCED 🗌	9 BALTIMORE CITY OF ANNE ARUN		OUNTY	MD.
4	(TY OR TOWN OF	NIE	NORTH	OSPITAL, NURSIN HEACILITY, GIVE STREET, ARUNDEL	HOSPI		UTION	120. USUAL OCCUPATION OF CIVIL SE	F WORKING LIF	E) INDUSTRY	S.A.
5	13a. S M	AL RESIDENCE (# STATE Larylance	13b. COL		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Severn			○ ☆	13e. STREET ADDRESS 596 DOI		21144 on Ave	,
C		Willia		Otto	Busse		15. MOTHER'S M	ST	MIDDLE		Blun	t
		VAS DECEASED E VES. NO OR UNKNOWN NO		N/A	217.26		Mrs.		fe- ADDRI esa M. Bu	5	ame as	S # 13
	NO		any, which immediate stating the ause last	DUE TO, OF	R AS A CONSEQUE	NCEOF	Large Lu NOT RELATED TO	C.e	el) G	YG'h		0
9	CERTIFICATION	19a DATE OF OP	ERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORA	AED .	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
7		21a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF D	ATH HOUR A.	A. MONTH DA	AY YEAR			ED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART 1 OR PART 2)	
	MEDICAL	AT WORK	OT WHILE		EET FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
		saw the de abave, (I) (v 22b. SIGNATURE	ceased alive ave) (did) (did r	at) view the bady	after death		DEGREE	ENDING L	MEDICAL STA DIRECTOR PHYSIC BALTIMORE - ALBURNIE MA	FF CIAN []	22c. DATE	
		BURIAL, CREMATI		L 23b. DATE			emetery or cri	MATORY	23d. LOCATION CITY OR TOWN	V	COUNTY	STATE MD

DHMH - 16 50M 4/B2

BP.

SINGLETON FU FUNERAL HOME (VRA 15, 4)

Glen Burnie

The training of the second of Makey to Are A large well all the forest land the Caller of the

	FOR STATE REGISTRAR	DEF	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 0 0 8
(M)	1. DECEASED NAME FIRST (TYPE OR PRINT) WILL	am H.	Butler	20. DATE OF DEATH MONTH	1883 2 M
Page 4 in director nours affi	3. SEX male	1. RACE black	5. DATE OF BIRTH	SLO YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
ter death. Per within 72 hours lied of pare.	76. BIRTHPLACE STATE OR FOREIGN COUNTRY) MARYLAND	16. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIE WIDOWED DIVORCE	o a land au	ndel County
ours ofter in by the filed with	anapolis	and arur	idel 4 cm Hospiti	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
2 E PE E 2	USUAL RESIDENCE (IF NURSING HOME 130, STATE MOUY LAND ON 14. FATHER'S NAME		TOWN 13d. INSIDE CITY LIM TOWN 15 YES W NO [15. MOTHER'S MAID	120 ROSCIAL	un. Rd. 1403
MAM bed ond	WILLIAM	MIDDLE LAS	EB RACHE	AL MIDDIE	DOWNS
BALTIMORE, cote be executivistic on and coppers. Pages 1 wol. the medical	160 WAS DECEASED EVER IN U.S. (YENO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	32-2573 BARBARA F	Andress Andres	napolis, Md.2140
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove corban urial, cremation, or remo	PART I. DEATH WAS CAU IGNO Canditions, it ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	CA LUNG- SEQUENCE OF	E TERMINAL DISEASE OR CONDITION G	BETWEEN ONSET AND DEATH
TAL RECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR V	HICH OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
SICIAN: SICIAN: ang phys certifica unial-tro unial-tro trem 18 frem 18	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH	H DAY YEAR 19 211. LOCATION	OCCURRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
DIVISION DING PHY or otherdia After this e os the bu pith and M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C		CITY OR TOWN	COUNTY STATE
I. OR ATTEND the hospitol or I. DIRECTOR: A stockhol for use to Dept. of Head 21 is m	sow the deceased alive	spital) attended the deceased on 10/8 3 mot) view the body after death.	, ond that in (my) (our) a	pinion death accurred an the date and h	our and from the causes stated 22c. DATE SIGNED 1883
TO HOSPITAL retoined by # TO FUNERAL should be det with the Stote	23 d. PHYSICIAN'S NAME (TY)	thus de	22e ADDRESS		
BP	BURIAL BURIAL	1-22-1983	FOWLERS CHURCH CE	CITY OF TOWN	A.A. Manyland
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR AN WILLIAM REESE &	napolis, Md.	21401 P.A.	SON ESPECTATION OF THE PROPERTY OF THE PROPERT	and comment

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	FOR - STATE	DEPART	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYC	GIENE 8 3 0 0 1 U 9				
L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO. E.S.T.				
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR				
3. SI	LAWREN	I RACE	CALDWELL SR.	1 13 83 2:03 A				
3. 50			S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.				
7a. f	Male SIRTHPLACE ASTATE OR FOREIGN	Black 76 CITIZEN OF WHAT COUNTRY	7 4 1909	9 BALTIMORE CITY OR COUNTY OF DEATH				
17	S.C.	USA	MARRIED NEVER MARRIED	ANNE ARUNDEL COUNTY				
1.1	LEN BURNIE		ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired (TYPE OF WORK FOR MOST OF WORKING LIFE)				
75 USL 13n	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 136 CITY OR TO	RE ADMISSION) WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 21861				
14. F	Md A.A	.CO Glen E	SUTULE YES NO X	312 Caldwell Road				
20	Lawrence	Caldwell Caldwell	FIRST	MIDDLE LAST				
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	000000	Jefferson				
	(YES, NO OR UNKNOWN) (IF YES, G	705 09	7316 Willie Le	e Caldwell 312 Caldwell R				
	18 CAUSE OF DEATH (Enter o	nly one cause per line for (o), (b), o		APPROXIMATE INJERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUS	ED BY: TE CAUSE (0) CRY	ebral throm	bores 20 year				
	14360	DUE TO, OR AS A CONSEQU	JENCE OF /	1 1 2 10				
	Conditions, if any, which gove rise to immediate	(1b) Ney	hi hemiplesie	- due to OVA 20 years				
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU	JENCE OF					
		(c)						
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 1101				
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
Z E				YES NO YES NO NO				
	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)				
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE				
	AT WORK AT WORK			1/12 93				
	220. I certify that (1) (this hasp saw the deceased alive or	tal) attended the deceased from,	82 141-16100	death occurred annhe date and hour and from the couses stated				
	obove, (I) (we) (did) (did n	ot) view the body ofter death.		222 DATE SIGNED				
	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN							
	224. PHYSICIAN'S NAME (TYPE		122. ADDDESS	MOUNTAIN ROAD				
	RANDALI, MCLA	WGHLIN, M.D.		MARYLAND 21122				
23a.	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNTY STATE				
				COUNTY				
	uneral director	11-17-83 Ce	dar Hill Cem.	Glen Burnie Md. EREC'D. BY REGISTRAR 25 EGISTRAR'S SIGNATURE				

E.S.T. 2:03-AN CVI WELL SR. AMAGE VALIDABLE COUNTA GLEV BURNIE WORTH ANDROYS HOSPITAL 3708 MOSEVIALN ROAD
PASADENA, 'YARYIAMD' 21122 . O. . . VI. HTML IV LIMITED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN MONTH DAY YEAR Zb. HOUR (TYPE OR PRINT) ESTI-Thomas DEATH MATED Campana 16 19 83 2d. HOUR 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. TIE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 12:0 22/1950 DEAD 16 19 83 32Yrs NOV. Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) Italy Italy Anne Arundel County D. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Glen Burnie North Arundel Hospital Hair Dresser Beautcian ISUAL RESIDENCE HE IN NU SING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 3a. STATE 13b/COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Passiac Patterson N.J. NO [Ave Patterson N.J. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Dominic Campana Anita Campana 17 INFORMANT ADDRESS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 154/44/2165 Deminic Campana Patterson N.J. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). E CHIEF MEDICAL EXAMINER ALONG WINE USED AS A BURIAL-TRANSIT PERMIT INT OF HEALTH AND MENTAL HYGIENE, IN BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Aspiration of bolus of food IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTJMORE, MARYDAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 116 TIME OF INJURY HOUR AMAMONTH DAY YEAR 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH Choked on bolus of food 1 + P.M. 1983 21e PLACE OF INJURY (ATHOME COUNTY STATE WHILE NOT WHILE AT WORK AT WORK airborne over Richmond airplane Va. 220. I certify that I took charge of the remains described above, held on Inquiry ond in my apinion death resulted fram Undetermined manner Chiefmedical examiner 1/16/83 M Deputy EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto., MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Burial 1/21/83 D-BOURDESH 24 FUNERAL DIRECTOR **DHMH - 17** DELLA NOCE & SONS 322 ADRESS HIGH ST. BALTO. Md. (VR A15 ME (5)

20M 4/82

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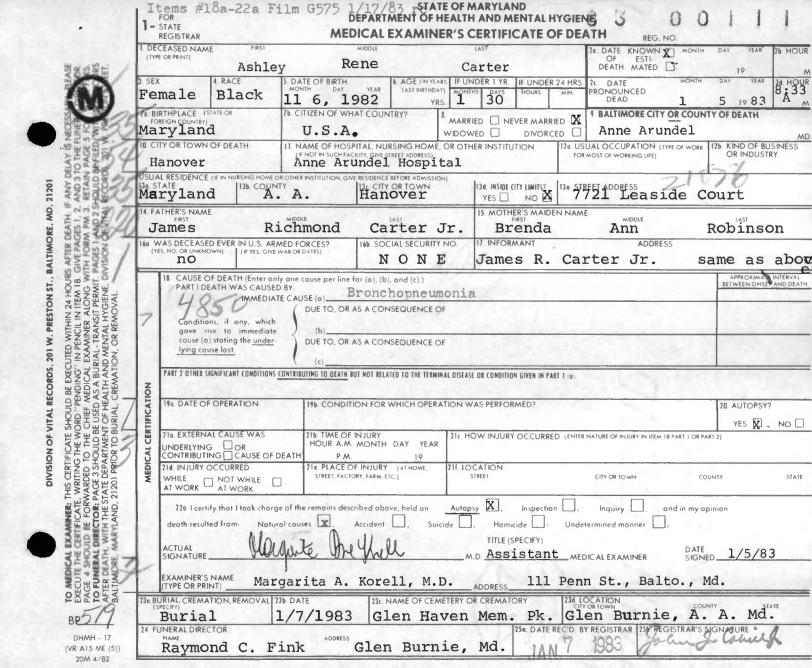
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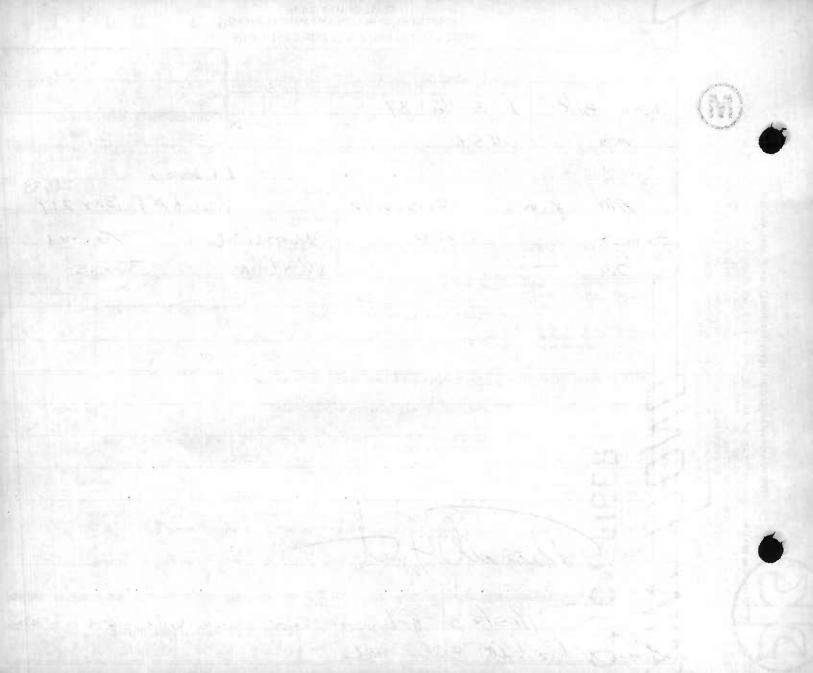


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	1.	STATE REGISTRAR	DEPAR	CERTIFICAT	I AND MENTAL HYG E OF DEATH	REG. NO.		dism
	I. DE	CEASED NAME CLASUI	MIDDLE	CHAN	ICE	20. DATE OF DEATH MONTH	28-83 44	UR 40 A
M	3. SE	Female.	BLACK.	5. DATE OF BIRT	H 22-98	6. AGE (IN YEARS LAST BIRTHDAY) 84 YR	IF UNDER 1 YEAR IF UNDER	R 24 HRS MIN.
99		COUNTRY) U.S.A.	76. CITIZEN OF WHAT COUNTR	WIDOWED	NEVER MARRIED		NOLE CO.	MD
filed with	CY	ROW NSVILLE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR	ET ADDRESS) HOSP	CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINI	ESS OR
Sales be		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY 13c. CITY OR TO BALT	ORE ADMISSION) OWN 13d. IN YES		13. STREET ADDRESS S. S	pring Cou	*+.
and 2 st	14. F/	WILE Y	MIDDLE LANGL	EY .	OTHER'S MAIDEN NAM	WIDDLE	99 LAST Len	May
S. Poges			RMED FORCES? VE WAR OR DATES) 245-1	6-5177	CROWNSVII	ADDRESS Cro LE HOSPITAL CEN		
ending physic carbanpope n, or remaval matic event, th		4292 IMMEDIA	TE CAUSE (0)	t-FAIL	LURE,		APPROXIMATE INTE BETWEEN ONSET AND	ÖÉÁTH
ar ather trou		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC			al Disordal - A.		
prior tabur any injury.	TION	old age f	Diverticul	on's of Ce	lon-Hist	t. Fracture Hi	p-	
	CERTIFICATION	190. DATE OF OPERATION	195. CONDITION FOR WHIC	hasterly		YES NO	FES, WERE FINDINGS USE TIFYING CAUSES OF DEAT YES NO	TH?
ar frem 18 shows	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR 19		RED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)	
orked ar	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		OCATION STREET	CITY OR TOWN	COUNTY	STATE
n 21 is m		sow the deceased alive an above, (I) (we) (did) (did)	ital) attended the deceased from 1 2 8 19 11 view the body after death.	93, and that		death occurred on the date and h	, 19 , that (1) (
TANT: If her			Khet ais	DEGRE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/28/8	33
with the State		N. M. L. BO		MD CI		it Hisp. Cental	- Crowning (12.
	BU	burial, cremation, removal (specify) R TAL	2-1-1983 P	NAME OF CEMETE	EM. PARK	23d LOCATION CITY OR TOWN Annapolis	A.A. Maryla	state nd
A 4/B2		UNERAL DIRECTOR AN ILLIAM REESE &	napolis, Md. 21 SONS MORTUARY,	401 P.A.	250. DAT	N 3 1 1983	ISTRAR'S SIGNATURE	2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

20. DATE OF DEATH

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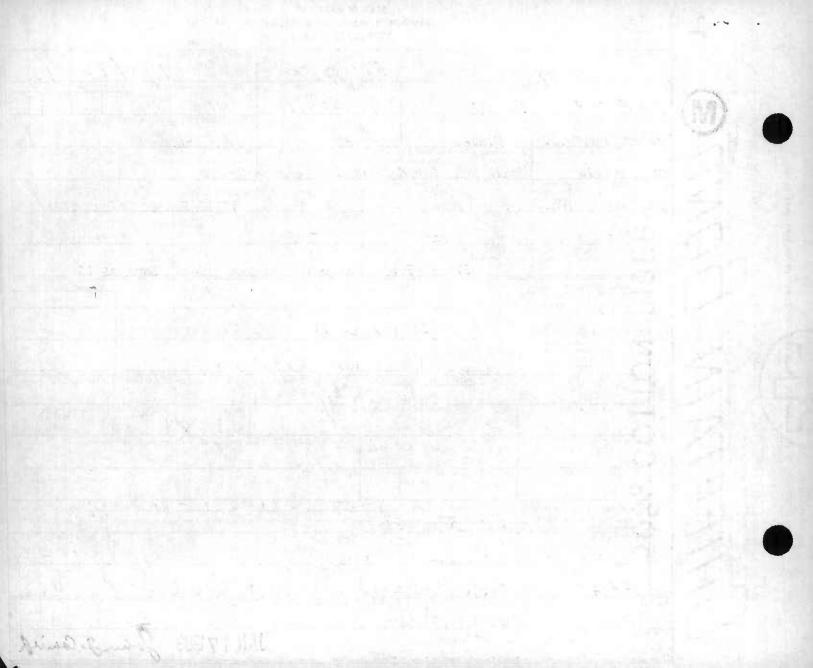
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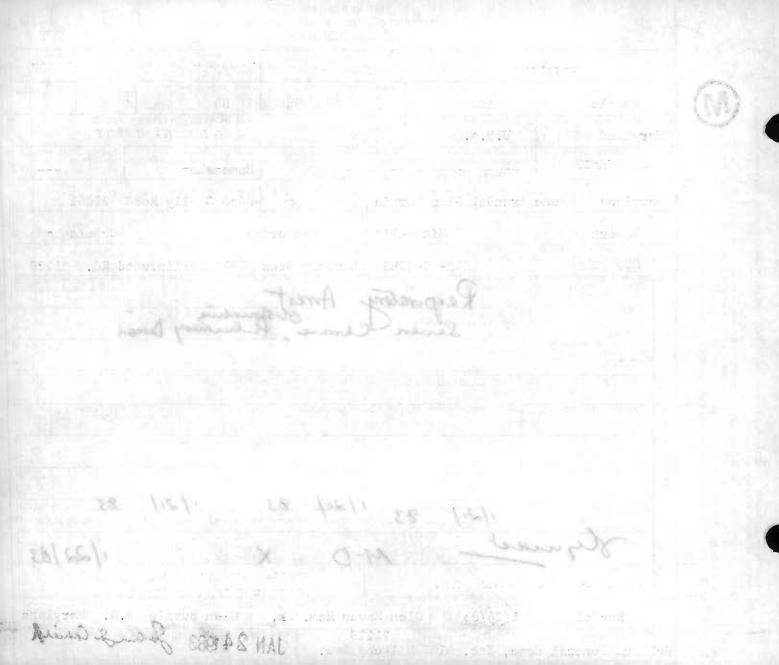
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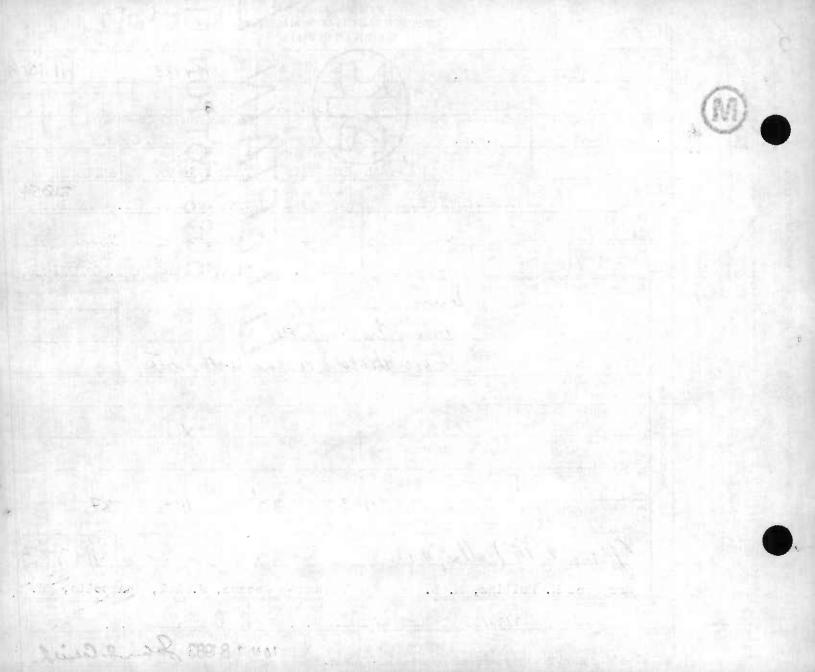
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Maryland Anne Arundel Glen Burnie ves no 6658 Shelly Road 2106. RATHER SNAME NAME SAME NAME NAME	54	G	LEN BURNIE	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		UTION	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
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	it at OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the haspital or ottending physician. ERAL DIRECTOR: After this certificate has been signed by the attending physician and comple eletatorhed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical particular is marked or them.	At DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral detector per and the Director per and Director	The hospital or ottending physician on dending physician of the death certificate hose been signed by the otherwing physician. 3. SEX DIRECTOR: After this certificate hose been signed by the otherwing physician. 3. SEX DIRECTOR: After this certificate hose been signed by the otherwing physician. 3. SEX DIRECTOR: After this certificate hose been signed by the otherwing physician on the control period of the otherwing physician on the otherwing physician physician on the otherwing physician phys	The Part In Conditions if only, which gove rise to immediate coups upon to conditions, if only, which gove rise to immediate coups upon to conditions, if only, which gove rise to immediate coups upon to conditions, if only, which gove rise to immediate coups upon to c	DEPARTMENT OF HEAD CERTIFICA TO STATE REGISTRAR I. DECEASED NAME THE REGISTRAR I. DECEASED	The state of death of the property of the prop	DEPARTMENT OF REALTH AND MENTAL HYGIENE REGISTRAR 1. DECEASED NAME 1. RASE	DEPARTMENT OF RELATE AND MENTAL BYGIENE REGISTRAR LOEE CASED NAME 1891 180	DEPARTMENT OF HEALTH AND MINTAL HYGIENE REGISTRA 1. DECEASED NAME 1831 1. DETECT DEATH 100H1 1241 1. DECEASED NAME 1831 1. DETECT DEATH 100H1 1241 1. DECEASED NAME 1831 1. DETECT DEATH 100H1 1241 1. DECEASED NAME 1831 1. DETECT DEATH 100H1 1241 1. DECEASED NAME 1831 1. DETECT DEATH 100H1 1241 1. DECEASED NAME 1831 1. DETECT DEATH 100H1 1241 1. DECEASED NAME 1831 1. DETECT DEATH 100H1 1241 1. DECEASED NAME 1831 1. DETECT DEATH 100H1 1241 1. DECEASED NAME 1831 1. DETECT DEATH 100H1 1241 1. DECEASED NAME 1831 1. DETECT DEATH 100H1 1241 1. DECEASED NAME 1831 1. DESTRUCTION OF DEATH 11. NAME OF HOSPITAL, NURSING HOME 07 DIVER INSTITUTION 11. 112 USUAL OCCUPATION 11. 112

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IMPORTANT: If Item 21 is marked ar Item 18 shaws

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	DEC NO					96

					REG. NO.			
	CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR		
(116)	David	1 H.	Croll		Jan. 5. 1	983		
3. SE		4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
	mala	James and 2	MONTH DAY	YEAR	91	MONTHS DAYS HOURS MIN.		
7- 0	THUILE	dama can	3 21	89	/ YRS			
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10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INS	HOITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR		
13	mucuille	(IF NOT IN SUCH FACILITY GIVE STREET	ADDRESS)	top	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY		
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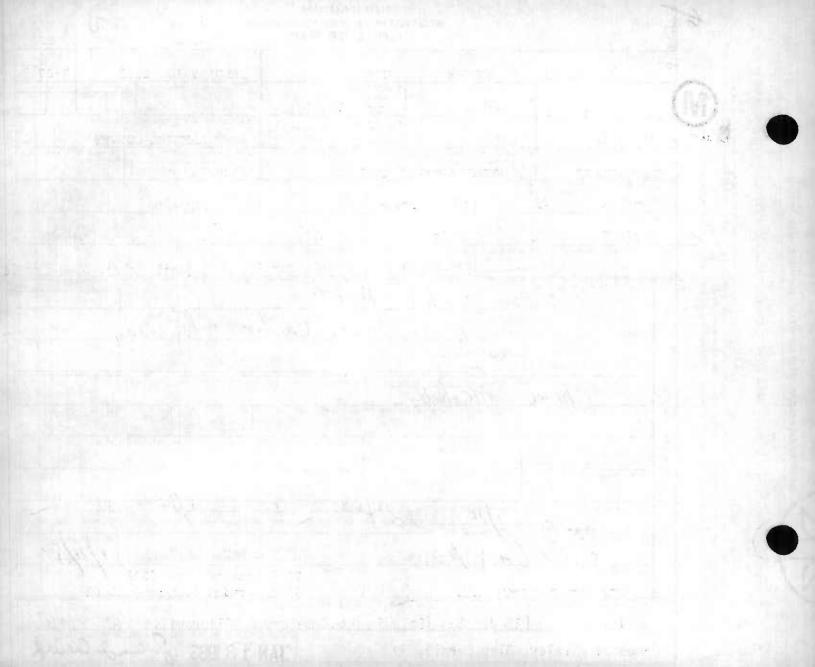
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A HOUSE	14	UNAPOLIS	TOR MOST OF WORKING LIFE TO SP. PROFESSION	Alex I SOR INDUSTRY								
3 TO DEL	USUA	L RESIDENCE I IF IN NURSING HOME C	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	MICH CHO F FRVERICK								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 E. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS REWARDED TO THE WORD "PROBING" IN PENCIL IN TIEM 18. GIVE PAGES 1, 2, AND 3 TO THE RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED STATE DEPARTMENT OF HEALTH AND MENTAL HYGIRNE, DIVISION OF WALL PECORDS, 2011, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	13a S	LARYLAND A H	134 CITY OR TOWN AND A POLIS 134 INSIDE (11Y LIMITS? 130 STREET ADDRESS YES NO X 13 HULL	Av. 2,1403								
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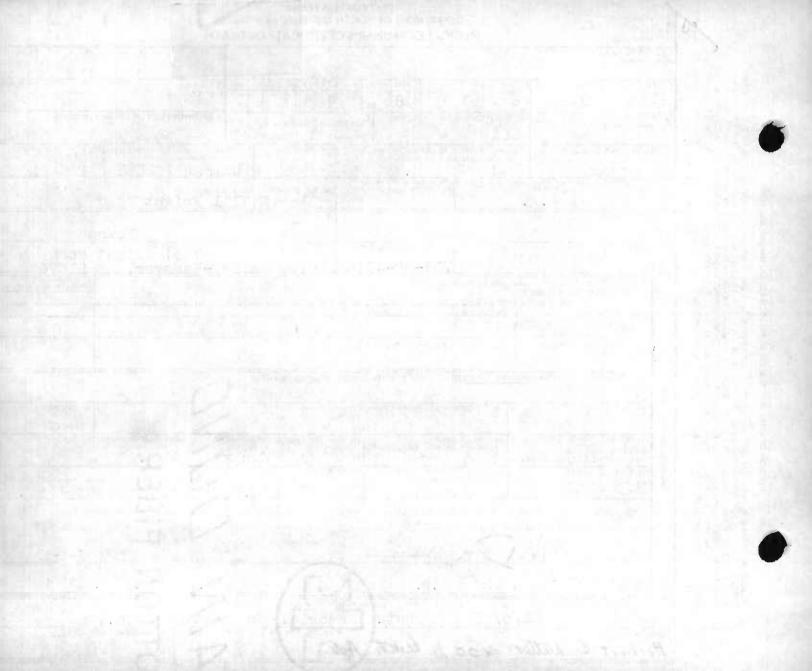
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James S. Kirkley, Glen Burnie, MD

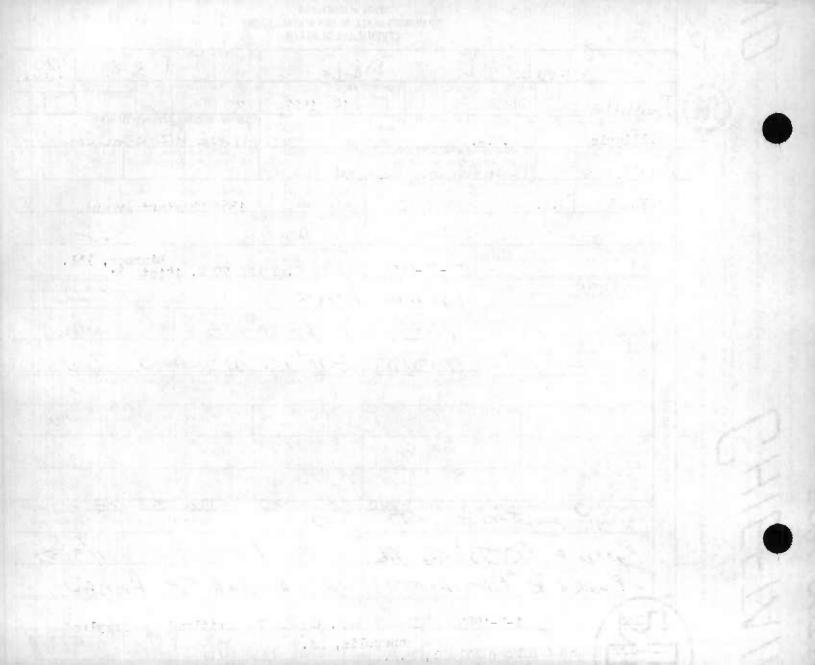
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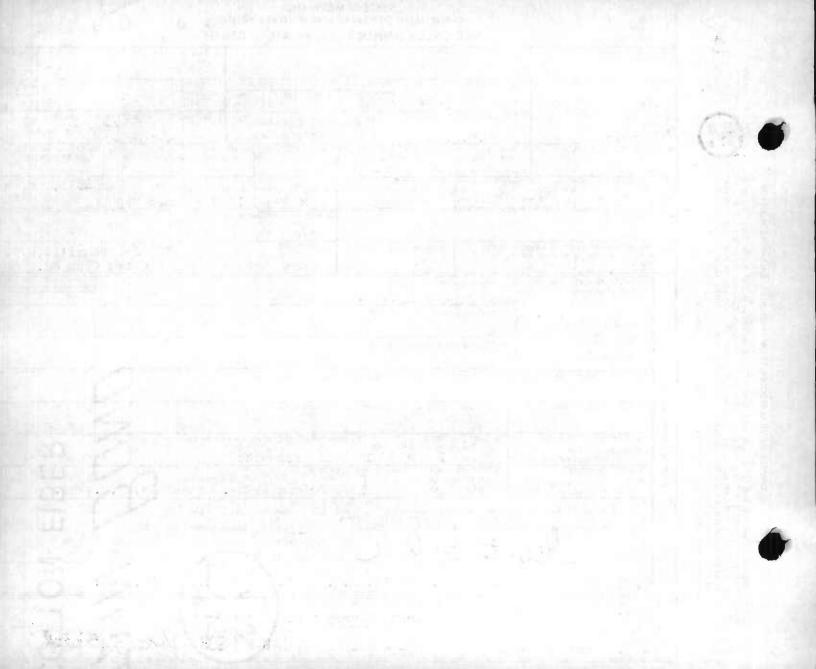
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(MA)	1 58 -			RACE BLACK		5. DATE C		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS HOURS MIN.
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ked or Hem 18 shows		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CO	LUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	IT 1 OR PART 2)	
rked or h	MEDICAL	216. INJURY OCCURRI	D	21e. PLACE			21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 is mark		22a. I certify that 1) (sow the deceases above (1) (we) (di		- Comments		1)ec	nd that in (M) our) opinion	death occurred on the de	ote and hour		no (we) los auses stated
T: If hem	E	22b. SIGNATURE	PI	unth	2 MADI	MAL	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		11 DATES	IGNED 85
with the State De	(BAPR	ME (TYPE OR	NA-	THANS	ON	121 CATA	LEDRAL S-	T A	VNAF	
3 4	23a. Bl	BURIAL, CREMATION, P	REMOVAL	236. DATE 1-7-19		IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN Y S111 tlan		YINUOD	STATE
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20M 4/B2



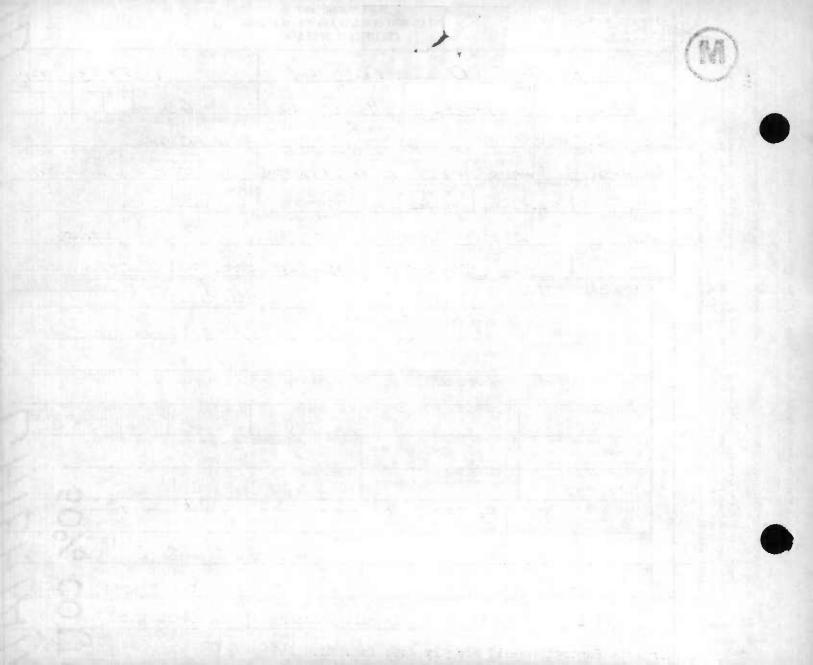
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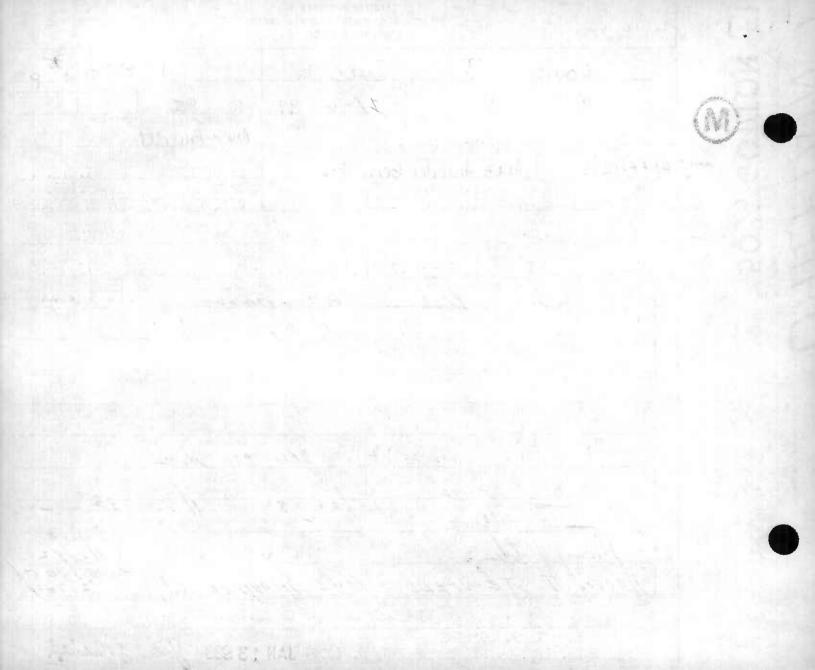
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN MONTH DAY 2b HOUR (TYPE OR PRINT) ESTI-DEATH MATED SR. Eugene 19 83 Doering 6. AGE (IN YEARS | IF UNDER 1 YR. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 6 : 05 LAST BIRTHDAY PRONOUNCED 19 83 WHITE 54 YRS DEAD MALE 14 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Anne Arundel County. DIVORCED NEBRASKA WIDOWED 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS O. CITY OR TOWN OF DEATH Anne Arundel General Hospital Annapolis OPERATIONS MAR 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND ANNE ARUNDEL YES [NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE UNKNOWN 7. INFORMANT 16a. WAS DECEASED EVER 16b. SOCIAL SECURITY NO. 505-28-0645 KUGENE ANNAPOLIS APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 🗌 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY STATE escribed above, held an 22a I certify that I taak charge Autopsy Inspection and in my apinian Notyfol capter X death resulted fram: Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Debuty Chiefedical ExaminER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto., MD. TYPE OR PRINT **ADDRESS** 9 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL COMETERY BP HRLINGTON 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** SEVERNA THER (VR A15 ME (5)) 20M 4/B2

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(VRA 15, 4)



			STATE OF MARYLAND		
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10 0	IN OR TOWN OF DEATH			120 USUAL OCCUPATION	
41	UNHYOLIS	HNUE Arundel	Gen. Hosp.	ELECTRICIA	
130	STATE 136 COU	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N 13d, INSIDE CITY LIMITS?	13e STREET ADDRESS	21035
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	Conditions, if ony, which	((b)	12 ACTURANT Hi	1.	
10	gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSEQUE	ENCE OF		
- 1	underlying cause last.	(c)	LINCE OF		
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
TIO					
FICA	148 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		0b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
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- 14	Mariey 1.	Stenfold	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	NO 1/9/82.
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			NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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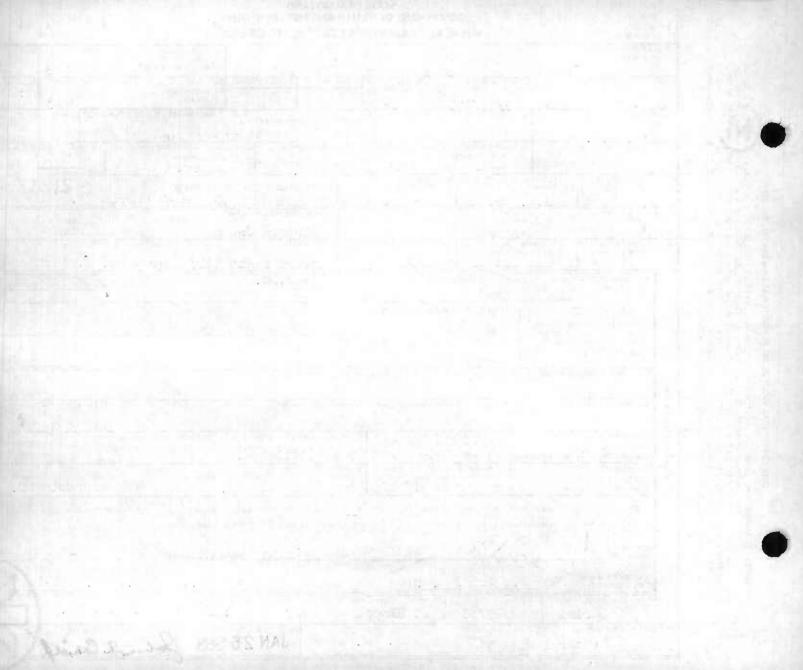
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L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEL "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO F. MEDICAL EXAMINER ALONG WITH FORM PM 3. REALIN ED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS. ALL, CREMATION, OR REMOVAL.		lying couse			AS A COI	-SEGIOLIVEE O										
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PROFE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. PAGE 3 SHOULD BE USED. BATTER DEFARTMENT OF HE. BATTER DEFARTMENT OF HE. BATTER DEFARTMENT OF HE. BATTER DEFARTMENT OF HE.		EXAMINER'S N	AME Ann	M. Dixor	МГ	1			111	Pann	St	Ral	to.,	Md 2	120	10
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FOR

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176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! HOME MANGROVE CLARKSON Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 19 🐧 🗓 and that in (my) (🛶 apinion deoth accurred on the date and hour and from the causes stated 22c DATE SIGNED MEADOWRIDGE LEMETERY MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

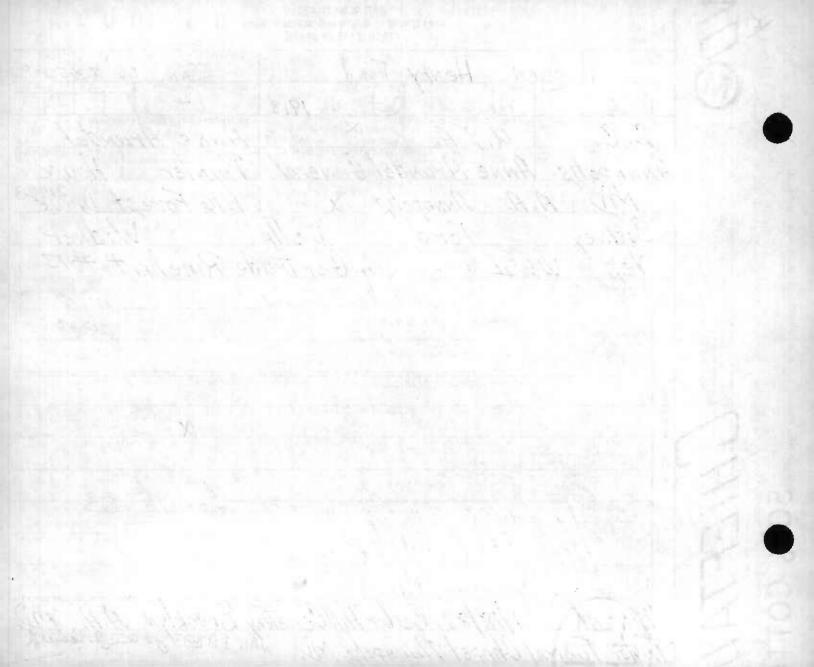
CERTIFICATE OF DEATH

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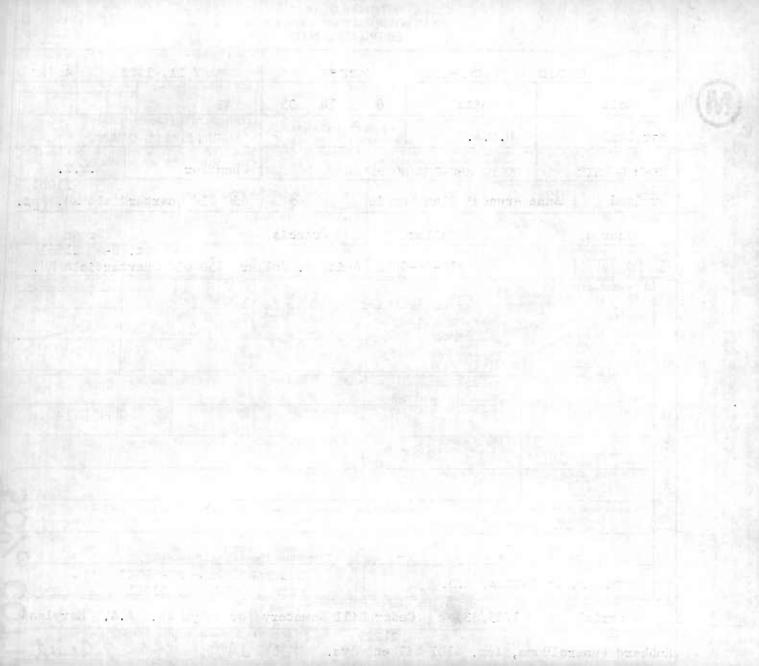
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and a		Y OR TOWN OF DEATH		HOSPITAL, NURSI	WIDOWE		ORCED	ANNE ARI		12b. KIND C	DE BLISTA
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1		ROBERT B. K		M.D.		720 ADDRESS	205 B	ALTIMORE-A		S BLVI).
Ž	3a. B	JRIAL, CREMATION, REMO PECIFY) Burial	236. DATE 1/25,			EMETERY OR C Hill Ce	REMATORY	Brooklyn		coAnty I	Mary:
	4. FU	NERAL DIRECTOR			2122	9	250. DATE	REC'D. BY REGISTRA	R 25) SEGISTR	AR'S SIGNA	TURE
	T 1	bard Funeral	Home Inc	c. 4107 W	ilkens	Ave.	TIAN	241983	John	-8 G	abuel



- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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injury, ar ather traumatic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shaws any

FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 3	00140
DECEASED NAME PRIST ATT	hur MDDIE Franc	is sy Gavin	20. DATE OF DEATH MON	J2-83 6 3 M.M
MALE 4.R	C White	S. DATE OF BIRTH MONTH DAY YEAR 17 10	6. AGE (IN YEARS LAST BIRTHDAY	YRS. 3 5 HOURS MIN.
Alabama	CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ADDE ARMOBEL	Co. MD.
BAITIMORE M	(IF NOT IN SUCH FACILITY, GIVE STREET)	וש) שמוציונים שמפן למו	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ELectric	RKING LIFE) LISE KIND OF BUSINESS OR INDUSTRY LINE LINE LINE LINE LINE LINE LINE LINE
USUAL RESIDENCE (IF NUR DE COUNTY M. C.)	er institution, give residence before 13c. CITY or tow Brook1	yn yes No K	330 Orchan	rd Ave. (21225)
Themas	Gavin	Gertrude	WIDDLE	Tuttle
WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IF YES, GIVE WA			rin (same as	13e)
Conditions, if any, which gave rise to immediate couse ial, stating the underlying couse lost.	CARDIA	ENCE OF MYOCARSI	M INFARC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ACINOMA E BY	DEATH BUT NOT RELATED TO THE TE NET METASTAS IS OPERATION WAS PERFORMED	200 AUZHEIME	ON GIVEN IN PART 110. ALL HISTORY SERVICE FINDINGS USED CERTIFFING CAUSES OF DEATH? YES IN NO IN
OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEAR 19	URRED (ENTER NATURE OF INJURY IN I	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21& PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE

22a I certify that (I) (this hospital) attended the deceased fram and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

231 NAME OF CEMETERY OR CREMATORY Haven Mem.

23d. LOCATION .en Burnie

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR 400 Tore Ritchie Hgwy Gonce F.H.

250 DATE

The state of the company of the state of the

141
26. HOUR
3 3 3 4
AR IF UNDER 24 HRS
YS HOURS MIN.
MD.
D OF BUSINESS OR
FEMPLOYET
21146
21176
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BLVD.
PARK, MP
OXIMATE INTERVAL EN ONSET AND DEATH
EN ONSET AND DEATH
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(VRA 15, 4)

- STATE

REGISTRAR

9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 126 KIND OF BUSINESS OF INDUSTRY Warehouse 13e. STREET ADDRESS 402 Marie Avenue 21061 Stapf PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED EMPIRE TOWERS, 7300 RITCHIE GLEN BURNIE, MARYLAND 21061 Glen-Burnie 13 Jan 83 Glen Haven Mem. Park Burial 24 FUNERAL DIRECTOR S. Kirkley, Glen Burnie, MD James

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER 24 HRS

NAME OF THE PROPERTY OF THE PARTY OF THE PAR AND THE RESIDENCE OF THE PARTY OF THE PARTY

10	1.	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		00143
by be one 3 denth	(TYPE	CEASED NAME HUGH	EVANS GR	EER JR.	REG. NO.	883 5:30 M
Page 4 may	3. SE	MALE W.	HitE 8	14 1914	6. AGE (INYEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
er death. Page	10/0	TENU. TY OR TOWN OF DEATH 13 NAME	MARRIE WIDOWI E OF HOSPITAL, NURSING HOME (IN SUCH PACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION	PUNDEL MD. 1726. KIND OF BUSINESS OR ORKING (IFE) INDUSTRY
d hours off	USU. 130. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTIT	Apohis NURSIN	134. INSIDE CITY LIMITE?	TA INDAY A	ABOR KEhnli
ed within 2- mpletely fill ond 2 shou		THER'S NAME PLANE	GOLE P	15. MOTHER'S MAIDEN NA	DA MADIE	Porte HEIELD
on and can	lóa. V	VAS DECEASED EVER IN U.S. ARMED FORCES IN ORUNKNOWN) (IF YES, GIVE WAR OR DATE		ENZABELL	A. GEE	
of, bAL ertificate ling physicic pan papers removal.		18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Seneral deb	ility, dely	dration infe	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cotins APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OUT OUT OUT OUT OUT OUT OUT O
that the death c J by the attendir cose remove carl al, cremation, ar		Conditions, if ony, which gove rise to immediate	TO, OR AS A CONSEQUENCE OF	is Disea	se	13-44 rano
requires in signed Then plant injury, o	MIN	PART 2 OTHER SIGNIFICANT CONDITION 190. DATE OF OPERATION 196. C	NS CONTRIBUTING TO DEATH BUT			ON GIVEN IN PART 110
i: The low is sicion. of has bee nost permit. ygiene prio	CERTIFICATION		IME OF INJURY		YES NOT IN	YES NO NO
G PHYSICIAN: Total physicians this certificate the buriof-transi and Mental Hygis ked or Item 18 sh	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED 216. PL	JR A.M. MONTH DAY YEAR P.M. 19 LACE OF INJURY ME STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	
R ATTENDING hospital or oth RECTOR. After red for use as t pt. of Health a		22a.t certify that (1) (the hospital) attend saw the deceased alive on above. He well (did) (and not view the	1983.6	nd that in (my) (5017 opinion	death accurred on the dote	and hour and from the causes stated
by the by the ERAL DI		224 PHYSICIATI'S NAME (IVPEORPRINT)	Mushes	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 1003
TO HOSPITA retained by TO FUNER, should be d with the Sta IMPORTANI	230.	PETER F. VER A BURIAL, CREMATION, REMOVAL 236. DA	TE 23C NAMES OF C	1419 TOPE	55T DRIVE, 1	Annapolis hed
BP DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	PENATION JUNEPALDIRECTOR WAS FILES CARAL (1 HAZZI ADDRESS ALIUM	MEMD 250 DA	TE REC'D. BY REGISTRAN 25% AN 1 1 1983	D. T. U. M.D. BEGISTRAR'S SIGNATURE

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MPORTANT

BP

FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINT

COUNTRY New York Annapo Vis

USUAL RESIDEN

I FATHER'S NAME

Charles

YES NO OR UNKNOWN)

Male

160 WAS DECEASED EVER IN U.S. ARMED FORCES

18. CAUSE OF DEATH (Enter only one couse p

O. BIRTHPLACE (STATE OR FOREIGN

Harry

IF NURSING HOME OR OTHER INSTITUTE 136 COUNTY

MIDDLE

(IF YES GIVE WAR OR DATES WW

76. CITIZEN C

DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO.	0 0	1 4 4
William C	R Grell, Sr.	20. DATE OF DEATH MOR	-10-8	3 12 PM
White 5. DATE MON	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA		YEAR IF UNDER 24 HRS
USA WIDOV		9. BALTIMORE CITY OR C A. A. C 120 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WO COntractor	· Annapo]	
R INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Gibson Island	134. INSIDE CITY LIMITS?	13e STREET ADDRESS Broadwater	2405 Way	6
Gre11	15. MOTHER'S MAIDEN NAME FIRST Kathryn	WE		ı _{AST}
FORCES? 166 SOCIAL SECURITY NO. 089-01-4596	Mrs. Helen G	ADDRESS Grell, wife, san	ne as 13,	21056
ne couse per line for (a), (b), and (c) : AUSE (a) POH MOS I H			API BETW	PROXIMATE INTERVAL PEEN ONSET AND DEATH
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DUE TO, OR AS A CONSEQUENCE OF	y febrosis			
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19b. CONDITION FOR WHICH OPERATI	ON MAY LEKLOKWED	200 AUTOPSY? 20	b. IF YES, WERE FIN	ADINGS USED

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5150	DUE TO, OR AS A CONSEQUENCE OF (b) CONFUSUM of	1	1. 0		
Conditions, if any, which	(b) Confusion of	ununon e	nocopy		
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	Gelroses			4.6
PART 2. OTHER SIGNIFICANT COM Diabetes	NUCLES TO DEATH BUT	NOT RELATED TO THE TER	rminal disease or con	DITION GIVEN IN PART 110	
190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	
			YES NO	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUI	RY IN ITEM 18. PART 1 OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19 21e. PLACE OF INJURY	211 LOCATION			

Cremation 24 FUNERAL DIRECTOR Kirkley Funeral Home, Glen Burnie DHMH - 16 50M 4/82 (VRA 15, 4)

Jack R. Lichenstein, M. D.

220 I certify that (I) (this hospital) attended the deceased from

sow the deceased olive on.

230. BURIAL, CREMATION, REMOVAL

Security Process

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Jan.83

Catonsville, Balto.

CITY OR TOWN

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

PHYSICIAN DIRECTOR PHYSICIAN

20 Ridgely Ave., Annapolis, Md.

23d LOCATION

250 DATE REC'D.

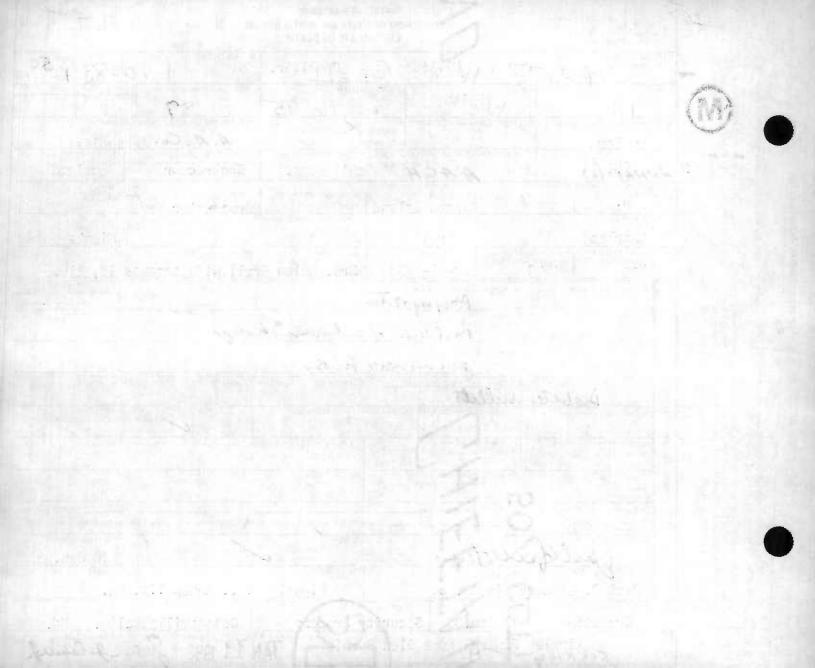
ATTENDING

22t. DATE SIGNED

10 Jan. 83

COUNTY

STATE

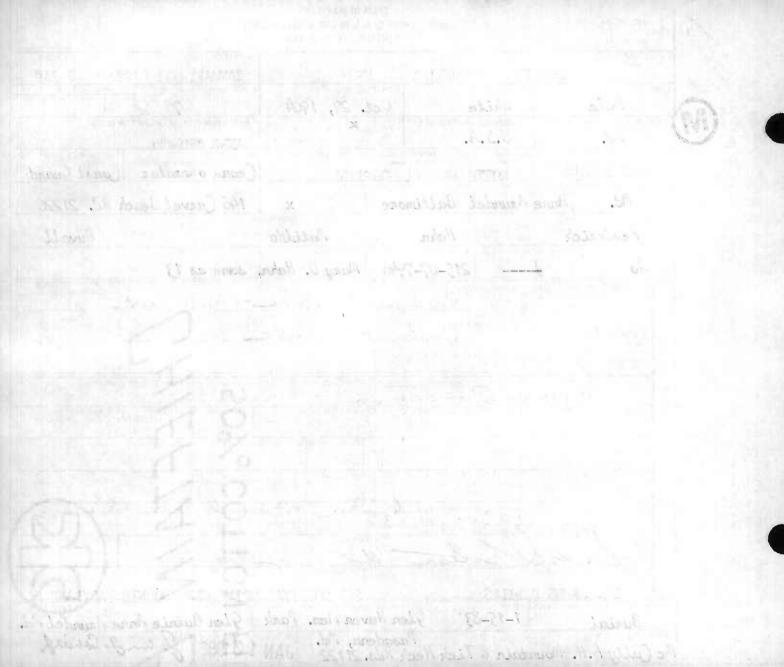


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	Poge 4 m	director. p
	HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be med by the hairs tollow attending physician.	FUNETAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the far and director, page 3 and be standard locus as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death the State Dept. or Health and Manual Hygorene prior to buriol, cremation, or removal.
√D 21201	24 hours o	uld be filed
MARYLA	ted within	ond 2 sho
ITIMORE	e pe execu	cion and cers. Pages
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	h certificot	FUNETAL DIPECTOR, After this certificate has been signed by the ottending physicial the settle of the set of the buriol-transit permit. Then please remove carbon paper the State Daylor of Health and Mental Hygenes prior to burious, remotion, or removal.
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DIVISI	NDING P	use os the Health and
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	HOSPITA	FUNERAL old be de the Stot

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME LAST 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTI PHILTP HAHN 983 FREDERICK TANTIARY 23P 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX Male White Oct. 29. 1904 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** OUNTRY) Md. MARRIED NEVER MARRIED WIDOWED DIVORCED [ANNE ARIINDEI NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (JMPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GLEN BURNTE nane operator oast Yuard NORTH ARUNDEL HOSPITA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE Anne Arunde Baltimore 13d. INSIDE CITY LIMITS? Md arvel Beach Rd. 21226 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Duvall Hahn Matilda 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES MO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mary D. Harr. same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line fayo), (b), and ici PART I. DEATH WAS CAUSED BY Chronic vacyt IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE, OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION phasia 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 216 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22k SKSNATI 21c DATE SIGNED DEGREE ATTENDING: MEDICAL PHYSICIAN T DIRECTOR PHYSICIANT 234 PHYSICIAN'S NAME STITE CHARMS 77+ ADDRESS TAMES D RILES 325 POSPITAL DRIVE GLEN PURNTE MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g BURIAL, CREMATION, REMOVAL 1-15-83 Glen Haven Men. Park Ylen Burnie Anne Arundel Md 24 FLINERAL DIRECTOR Pasadena. Md. Cully F.H. Mountain & Tick Neck Rds. 21122

DHMH - 16 50M 4/82 (VRA 15, 4)

BP



executed within 24 haurs after

ATTENDING PHYSICIAN: The law

retained by the hospital or attending physicia

TO HOSPITAL

ST	ATE	OF	MA	RYL	AND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3		Post	V

	1-	STATE REGISTRAR		CERTIFICATE OF DE	ATH	REG. NO			
		ORPRINT) WESLIE	CLARK	HANEKI	20. D	ATE OF DEATH	ONTH DAY	YEAR 83	26 HOUR AM
	3. SEX	MALE	WHITE	5 DATE OF BIRTH	933	GE (IN YEARS LAST BIRTH	YRS.		IF UNDER 24 HRS HOURS MIN.
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	A	PUOLD	11. NAME OF HOSPITAL, NURSIN 1934 CONES	Station D.	UTION 12 1	USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE)	IZE KIND OF	BLOWER
M	13a. S	MD. AI		YES N	10 14	TREET ATTORESS	Station	Ro. o	21012
5	IA. FA	THER'S NAME VILLIAM	L HANEKE	15. MOTHER'S N	AAIDEN NAME	MIDDLE	Ch	ART	/
	16a W	(AS DECEASED EVER IN U.S. AR. BE NO ORUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU- WAR OR DATES! 21630 02	866 HBEDT	A CAROL	HANE	KE #	#13	5
	7	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per in to far (b) (and b) BY E CAUSE (a) ME (a)	tic Cance	- Col	on		APPROXIM BETWEEN O	MATE INTERVAL MSET AND DEATH
		Conditions, if only, which	DUE TO, OR AS A CONSEQUE	NCE OF					
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF					
	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO	O THE TERMINAL I	DISEASE OR COND	ITION GIVEN	IN PART 1(o)
	CERTIFICATION	3-25-82	196. CONDITION FOR WHICH	OPERATION WAS PERFORM		S NO	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	
100		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RY OCCURRED (enter nature of injury	IN ITEM 18, PART	OR PART 2)	J. F.
	MEDICAL	21d. MUJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F)	ALCOHOL: U.S.	-0	CITY OR TOWN	4	COUNTY	SYATE
		sow the deceased plive on	tol) attended the deceased from	2., and that (my) on	ur) opinion death	occurred on the do	e ond hour on		h (1) (we) lost couses stated
		Dewold (Merkander	DE GREE ATT PH	ENDING ME YSICIAN DIR	DICAL STAFI	an 🗍	1-5	SIGNED
		22d. THYSICIAN'S NAME (TYPE OF	PRINT)	220. ADDRESS	201/	11 .	0	Picas-	0 .

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral d should be detached for use as the burial-transit permit. Then please remove corbangopers: Pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

mes. No notified of

medicol

IMPORTANT: If them 21 is morked at them 18 shows any injury, or other troumatic event, the

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

CREMATION, REMOVAL

236. DATE

23 NAME OF CEMETERY OF CREMATORY

250. DATE REC

230 TOCATION PUTY OR TOWN

REGISTRAR'S

HUME HEME WELL LEVILD 1874 EVEN STATE PORT STATE STATE SHEET CLARE ME THE HE STATE OF THE PROPERTY OF THE STATE WILLIAM E HAREKE KIERELL VEST TRANSPORTED STREET FAIRER STREET SET SE CIL MAL 28-5-1 X and stances of the most of the second of the second Fire line 1/2 1/2 Comercial West Committee the the The formation that the world to the second with

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

YEAR

	FOR STATE REGISTRAR
X	I. DECEASED NAME

3. SEX

LOUISE

BLACK

5. DATE OF BIRTH

6. AGE (IN YEARS LAST BIRTHDAY)

20. DATE OF DEATH

IF UNDER 1 YEAR DAYS

2b. HOUR

FEMALE To. BIRTHPLACE ISTATE OR FOREIGN COUNTRY

76. CITIZEN OF WHAT COUNTRY?

30 1905 MARRIED NEVER MARRIED

9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY

MARYLAND 10. CITY OR TOWN OF DEATH

FRANK

U.S.A. WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ANNE ARUNDEL GENERAL HOSPITAL

12a USUAL OCCUPATION

RACHEL

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

ANNAPOLIS MARYLAND

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COUNTY
13c. CITY OR TOWN ANNAPOLIS

13d. INSIDE CITY LIMITS? NO. 15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS 1209 Carrs Road

14 FATHER'S NAME

MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

IMMEDIATE CAUSE (o

A.A.

CROMWELL 166 SOCIAL SECURITY NO.

17. INFORMANT BERTHA GRAHAM R.O. Box 209

ADDRESS

MIDDLE

COLBERT Chester, Md 21619

(YES, NO OR UNKNOWN)

PART I, DEATH WAS CAUSED BY

219-28-4195 18 CAUSE OF DEATH (Enter only one couse per ling for (a), (b)

DUE TO. OR AS A CONSEQUENCE O

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

198 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

83

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

IN CERTIFYING CAUSES OF DEATH? YES NO F

20b. IF YES, WERE FINDINGS USED

COUNTY

MEDICAL

CERTIFICATION

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

22a.1 certify that (1) (this haspital) attended the deceased from.

NOT WHILE

P.M 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

20g AUTOPSY?

and that in (my) (our opinian death accurred an the date and haur and from the consesstated

saw the deceased alive an above. (1) (we) (did) (did not) view the 22h SIGNATURE

DECKREE

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

SIGNED 72x DAT

STATE

230 BURIAL, CREMATION, REMOVAL BURTAL

1-27-1983

23c. NAME OF CEMETERY OR CREMATOR ASBURY BROADNECK CEME.

2e ADDRESS

St. Markarets A.A.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

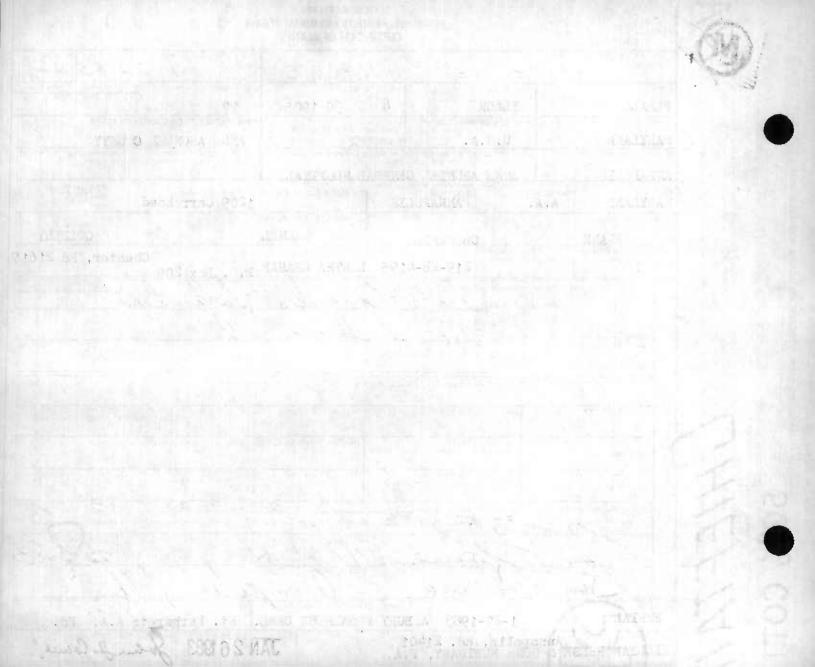
d b 0

> 24 FUNERAL DIRECTOR WILLIAM REESE & SONS MORTUARY, P.A.

23b. DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23d LOCATION



12		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH								0	4	8				
			REGISTRAR		ME		EXAMIN	ER'S CI	ERTIFIC	CATE O	FDEAT	Н	REG. NO.			
			CEASED NAME	FIRST		MIDDLE		L.	AST		20.	DATE KNO	OWN	HTMOM	DAY YEAR	26 HOUR
	28.08.0			ULIA	KEAN BEI	JAMIN	I	HASKE	LL			DEATH MA	ATED [1/24	/83,	AM
	野の宝文語	3. SEX	4.	RACE	5. DATE OF BIRTH		6. AGE (IN YEA	RS IF UNE		IF UNDER 2		DATE		MONTH	DAY YEAR	1057
	N S N S		F.	W.	1/9-23-		74.1	S. MONTHS	DAYS	HOURS	MIN. PR	DEAD	0	1/24	/83,	10 A M
	11 10	70 B1	RTHPLACE (STAT	E OR	76. CITIZEN OF W	HAT COUN	TRY?	8. MAPPIE	D NE	VER MARRIE	9.	BALTIMORI	ECITY OR	COUNTY	OF DEATH	
	《新发光 》		arrison	N.Y.	USA			WIDOWE	40,00	DIVORCE	-	Anne	Aruno	del C	0.	MD.
	1377	10 CI	TY OR TOWN OF	DEATH	NAME OF HO	SPITAL, NU	RSING HOME	OR OTHE	RINSTITU	TION		OCCUPATI		F WORK 12	OR INDUS	USINESS
	Now War	A	nnapolis	/	Anne Art	mde1	Genera	1 Hos	p.		Но	stess	Lire)	G	uided	
5	AND	USUA 13e. S	L RESIDENCE (IF	IN NUME COUN	OR OTHER INSTITUTION, G		OR TOWN		3d. INSIDE C	TY LIMITS?	13. STREE	ADDRESS		914	194	
21201	A A A A A A A A A A A A A A A A A A A		N.Y.	Puti		Gar	rison		YES 🗌	NO 🗆	Ros	M	arris	on N	lew Yo	rk
MO.	T 22.3.2.	14: FA	THER'S NAME		MIDDLE		LAST		15. MOTHE	ER'S MAIDEN	NAME	MIDDLE		VIII	LAST	
m w	ES I		Willia	m	M.	Ben	jamin	377	Char	lotte		Hoff	man	P	rime	
WO	PAGE SORM SON	16a. W	AS DECEASED E	VER IN U.S. AR	MED FORCES?	16b. SOC	IAL SECURITY	NO.	17 INFORA	THAM	113	A	DDRESS			
ALT	JISS AFTER DEATH J. GIVE PAGES I WITH FORM PW T. PAGES NAND DIVISION OF VI		No	, , , , , , , , , , , , , , , , , , , ,		106-	24-020	5	Mrs.	Charle	es Sp	alding	g Gari	rison	N.Y.	
	S = 3 - 0		18. CAUSE OF E	DEATH (Enter on	ly ane cause per lin	e far (a), (b)	, and (c).)								APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
N N	24 HOUR ITEM 18. ONG W PERMIT. SIENE, D		PARTIDEAT	H WAS CAUSE	TE CAUSE (a)	Arteri	oscler	otic	CVD				WEST CO			
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- X	A AL Y			if any, which to immediate							-61				002.	
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.20	EXECUTED NG" IN PRICAL EXAM N BURIAL N AND MEI WATION, C		2		(c)											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 RDED TO THE CHIEF MEDICAL EXAMINER ALONG SE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMITE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	NAL OISEASE	OR CONDITIO	N GIVEN IN PART	1 (a).		182			
REC	SED A F HEA IAL, CI	MEDICAL CERTIFICATION	19a. DATE OF O	PERATION	19b. COND	ITION FOR	WHICH OPER	ATION WA	S PERFOR	MED?	271	17.	-	THU.	20 AUTOPS	(? v
I VI	SE S	Ĕ			100										YES 🗆	NO 🗆
) PC	TE S	S. S.	21a. EXTERNAL		21b. TIME O	F INJURY	DAY YEAR	21c. HO	W INJURY	OCCURRED	(ENTER NAT	URE OF INJURY I	IN ITEM 18 PAR	RT I OR PART 2	2)	
NO	PER STANDARD	3	UNDERLYING CONTRIBUTING	OR CAUSE OF			19									
VISIO	ERTING ING BS SH PR	E E	21d. INJURY OC			OF INJURY		211. LOC	ATION	73.5		ITY OR TOWN		COUNT	· ·	STATE
ā	I: THIS CERT IE, WRITING RWARDED I: PAGE 3 SH STATE DEP), 21201 PR	2	AT WORK	NOT WHILE [JONT, FARM, E						III OK IOWN		COON	-	SIAIE
	R: TH VTE, VR: PV E: ST, D, 2		22a certify	that I taak chard	ge af the remains de	scribed abo	ve. held an	Autapsy		Inspection	1	Inquiry	and a	in my apini	ian	
	AND THE		death resulted		ral causes X,	Accident		cide .	Hamie			nined manne				
11.7	SING BE			011.	Do	/			TITLE (S	PECIFY)						
	A STATE OF THE STA		ACTUAL SIGNATURE C	7	Lac At	1'		M.[Da	nest 9	MEDIC	AL EXAMINE	R	DATE SIGNED.	1.24	55
19 34	NOR!	1		OT.	Clinha		1 D								is, Md	
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE ST BALTIMORE, MARMIAND, 2		(TYPE OR PRINT	AMEEIMer	G. Linha	rat,	ч.р.,	A	DDRESS_	5 Ches	apea	ave	· , ruiii	apor.	,	
2000	524548_	23e.B	JRIAL, CREMATIC		236. DATE	1	NAME OF CEA				23d. LOCA	IOWN		COUNTY		STATE
4494	BP	,	Buri		1-28-83	St	. Phil	lips	Cem.	In The	Hig	hlands	Garr	rison	Putna	m N.Y.
1	DHMH - 17	24 FI	JNERAL DIRECTO	OR	ADORES	s				JAN	OF 40	GISTRAR	REGIST	RAR'S SIG	NATURE	
	(VR A15 ME (5)) 15M 2/80	H	lardesty	Funera.	1 Home A	nnapo	lis, Mo	i.		SHIA	400	00	Man	94	shulf	
	101112100															

LAN 2 - 1903 France Cares

STATE OF MARYLAND

CERTIFICATE OF DEATH	REG. NO.		1/ 1
HAWKINS	20. DATE OF DEATH MONTH	8 83	26 HOUR 9 M
5. DATE OF BIRTH MONTH DAY YEAR 1 5 9	6 AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN

White 70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY

4 RACE

NNIE

Jersey

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

FOR - STATE REGISTRAR DECEASED NAME [TYPE OR PRINT]

Len Burnie

FATHER'S NAME

(YES, NO OR UNKNOWN)

190. DATE OF OPERATION

ohn

no

3 SEX

76 CITIZEN OF WHAT COUNTRY? 8

9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) onvelescent

13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

FIRST

12b. KIND OF BUSINESS OR THPE OF WORK FOR MOST OF WORKING LIFE Missionary Lon

lanelin Drive.

GIVE RESIDENCE BEFORE ADMISSION Burnie lanu.land

MIDDLE

(IF YES, GIVE WAR OR DATES)

Many 17 INFORMANT Hackman.

Donnan 85A Janelin Dr.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse to , stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.
LINITING OCCURRED	AL DIACE OF INTUINE

YEAR 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

200 AUTOPSY?

NO

CITY OR TOWN

21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

sow the deceosed ofive on 12 cobove (did) (did not) view the body ofter death 22b. SIGNA

220.1 certify that (1) (this hospital) attended the deceased from

ATTENDING 22e. ADDRESS

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

22c. DATE SIGNED

STATE

22d. PHYSICIAN'S NAME (TYPE OR FRINT)

230. BURIAL, CREMATION, REMOVAL

Haven Mem.

DEGREE

BP 24 FUNERAL DIRECTOR

(SPECIFY)

tuneral Homes

23b. DATE

Patapsco Ave.

4Len

DHMH - 16 50M 1/76 (VR A 15 (4))

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-	J.	(1	nan	es E		TEKK		1	278.	3 d=
(M)	3. SE	male	4. RAG	1) hite	S. DATE O	OF BIRTH	VEAR O	YEARS LAST BIRTHDAY	YRS. IF UNDER 1 YEAR MONTHS DAYS	
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		IRTHPLACE (STATE OR FORI COUNTRY) Baltimore	EIGN 76. C17	USA	UNTRY? 8 MARRIE WIDOW		RIED -	L are	endel Co	reity
filed with	F	MADO IS	S A	not in such ACILITY, O	NACE STREET ADDRESS	OR OTHER INSTITUT	- A LITYPE OF W	DECTOR-RE	RKING LIFE) INDUSTR	OF BUSINESS County
hould be	130		b. COUNTY AA	INSTITUTION GIVE RESIDE	OR TOWN	13d. INSIDE CITY L	X 856	Mill Cre	eek Road	2101
ond 2 s	F	ATHER'S NAME FIRST Anthony	J.	H	err	15. MOTHER'S MA Emma	IDEN NAME	WIDDIE	Hid	key
s. Pages 1	16a. \	NAS DECEASED EVER IN YES NO OR UNKNOWN) (U.S. ARMED F	OR DATES)	-18-2708	Elizabe	th W. Her	r, Same a		XIMATE INTERVAL
igned by the attending physicis ten please remave carbon paper a burial, cremation, ar remaval. ury, ar ather traumatic event, th	z	Conditions, if any, we gave rise to immediate cause (a), stating underlying cause	which diate the last	UE TO, OF AS A CO	NOSCU INSEQUENCE OF	rolic p	ALCULE THE TERMINAL DISE.	ASE OR CONDITION	ON GIVEN IN PART	d Mys
permit. The sne prior the	CERTIFICATION	19q. DATE OF OPERATIO	ON I	96. CONDITION FOR	WHICH OPERATIO	ON WAS PERFORME	D 200 AU		b. IF YES, WERE FIND CERTIFYING CAUSE YES	
Mental Hyginary tem 18 sh	MEDICAL CER	21a, ACCIDENT WAS UNDERLOR CONTRIBUTING CAU LIFEITHER NOTIFY MEDICAL 21d. IN JURY OCCURRED	EXAMINER)	1b. TIME OF INJURY HOUR A.M. MOT P.M. 1e. PLACE OF INJUR	19 Y	21f. LOCATION	OCCURRED (ENTER		ITEM IB PART T OR PART 2)	STATE
TOR: After the for use as the of Health and 21 is marked	W	WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WELL AT WORK AT WELL	is hospital of	AT HOME, STREET, FACTOR	TARB	street, 11	apinion debith accu	red an the date a	, 19, 19	, that (I) (we)
RAI DIREC detached late Dept.		276 SIGNATURE	19	Men	hell ,		NDING MEDICA	STAFF DR PHYSICIAN		E SIGNED
to FUNERAL should be det with the State		W.C. W	Ein to	RAUB, M			Rbies St		polis, K	nD
	230.	BURIAL, CREMATION, RE (SPECIFY) Burial	MOVAL 236	1 Jan 83		cemetery or creme chedral Ce	NATORY 23d. LO	timore	COUNTY	MD

FOR

- STATE

I. DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

James S. Kirkley, Glen Burnie, MD

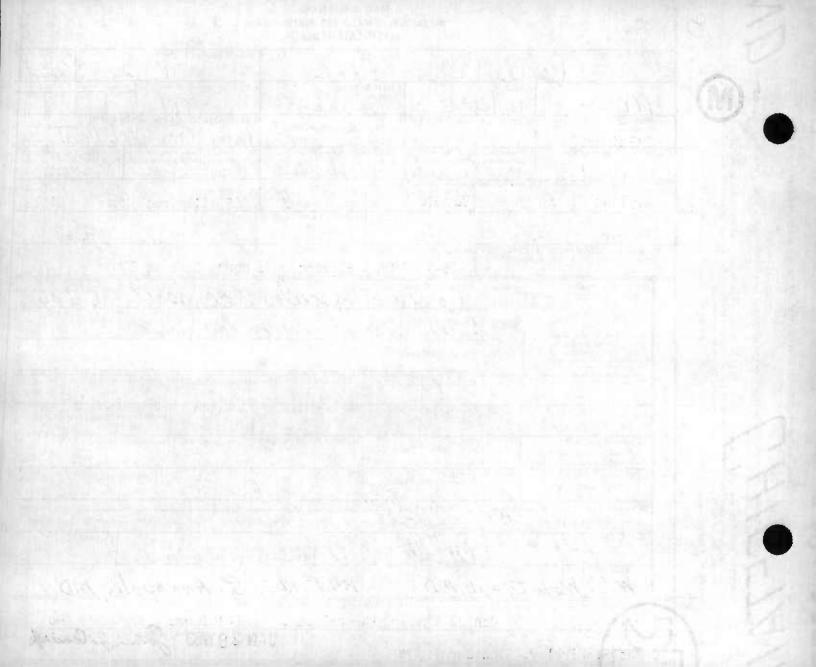
DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2a. DATE OF DEATH MONTH COUNTY OF DEATH 126. KIND OF BUSINESS OR ORKING LIFE) INDUSTRY AA County Ret. reek Road 21012 Hickey as 13

, 19_____, that (I) (we) last and havr and fram the couses stated 22c. DATE SIGNED

STATE





VOIDED DEATH CERTIFICATE NUMBER 83-00151

DECEMBER, 1982 DEATH, SEE LATE 1982 Deaths
DORA MAY HESS, ANNE ARUNDEL COUNTY





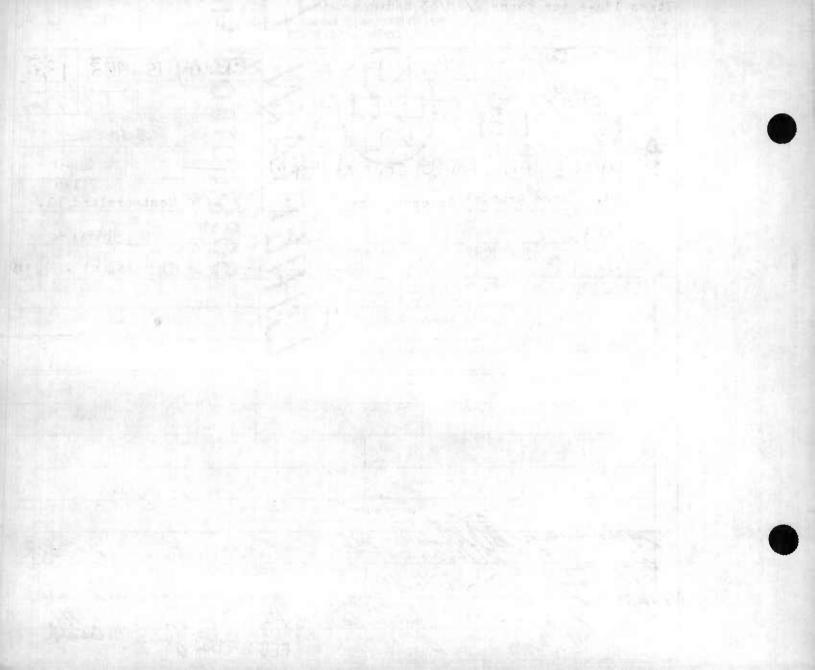
(VRA 15, 4)

STATE OF MARYLAND

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MEU.)		(aliesa) 2410111	And Large

Items 13a-e per phone 2/28/83 dadtate of maryland



2	١,	FOR - STATE	DEPARTMEN	STATE OF MARYLAND IT OF HEALTH AND MENTAL HY	GIENE Horey 1	knan !	5 5
	L	REGISTRAR CEASED NAME FIRST	MIDDLE	ERTIFICATE OF DEATH	REG. NO.	NTH DAY YEAR 26 H	IOLIR
be of the	(TYP	KAre		HONAN	1/10/	83	A. M
	3. SE	Female	White !	Pua. 24. 1945	6. AGE (IN YEARS LAST BIRTHO)	MONTHS DAYS HOUR	RS MIN.
	70. B	RTHPLACE (STATE OR FOREIGN 76.		MARKIED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH	1
1 10	10 C	ITY OR TOWN OF DEATH		OME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUS ORKING LIFE) INDUSTRY	INESS OR
hours of in by the file	USU 13a.	AL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION GIVE RESIDENCE BEFORE ADJ	AISSION) 113d. INSIDE CITY LIMITS?	130 STREET ADDRESS	121403	LION
ithin 24 tely filled 2 should	14. F.	ATHER'S NAME	4. HNNAPOI	YES NOTHER'S MAIDEN N	2662 GY	eenbriar L	ANC
bed on particular of the parti	140.3	VAS DECEASED EVER IN U.S. ARME	MAYYISO	N Reginal	ADDRESS	DONOU	AN
on and construction and		YES, NO DRUNKNOWN) (IF YES, GIVE W		206 William	L. HONAN	#13	
physicia physicia npapers moval.		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	BY:	rent		APPROXIMATE IN BETWEEN ONSET A	STERVAL IND DEATH
ending e carba in, ar re		1749	DUE TO, OR AS A CONSEQUENCE	E OF		•	
t the der t the att remaria		Canditians, if dny, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	E OF			
gned by			((c)	TH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)	
been si mit. The prior to ony inju	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED		Db. IF YES, WERE FINDINGS UNITED OF DE	
sicion. sicion. pte has presi per lygiene 3 shaws	ERTIFI	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	YES NO RRED (ENTER NATURE OF INJURY IN	YES NO) []
SICIAN: Ting physici certificate certificate urial-transi tental Hygi tental H	MEDICAL O	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	19			
ottendir	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TENDIR ortolor or use o of Healt		220.1 certify that (I) (this haspital) saw the deceased alive an	1/9/83 10		ta, ta		l) (we) last s stated
the hosp the hosp of DIREC etoched te Dept.		abave, (I) (wathout) (did nat) v	elew the bady after death.	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNI	EP X 3
Stot S.		22d PHYSICIAN'S NAME (TYPE OR PR	RINT)	PHYSICIAN 22e. ADDRESS	DEPRECTOR PHYSICIAN) /	100
TO HOSE retained TO FUNI should by with the	23a.	BUBMAL, CREMATION, PEMOVAL		121 CATHEL	23d OCATION	NNAPOLIS, 1	<u>7.U.</u>
BP	74 F	BULLA!	1/13/83 VAN	EMONTEMET	THE REC'D. BY REGISTRAN 26	REGISTRAP'S SIGNATURE	STATINE
DHMH-16 30M 2/80	-	NAME	1/16 LODRING	1 - MX 1	AN 1 71083	Jun I lake	LA

KATEN ANKE HONDY WOLES H. TELLOWN HE WAS EASY (SE) West Sealing it S. H. HYW'S HEUN'DE FRANCESCHE 2062 Greenbrung LANGE TEACHER STREETEN Miss of the state of the second of the Land MANDONAL THROUGH HELDING LANDONN No - 125 Syra to William & Homes # 15 Learner Per Cotto Start St. Erry St. Land St. 200 Event 1/13/82 Litterwatt Smit : Investigation the Hill 1200 Trylor Essenti Trapel Humaphis Mise

Charles W. Burrier, Jr., Sykesville, Md.

STATE OF MARYLAND

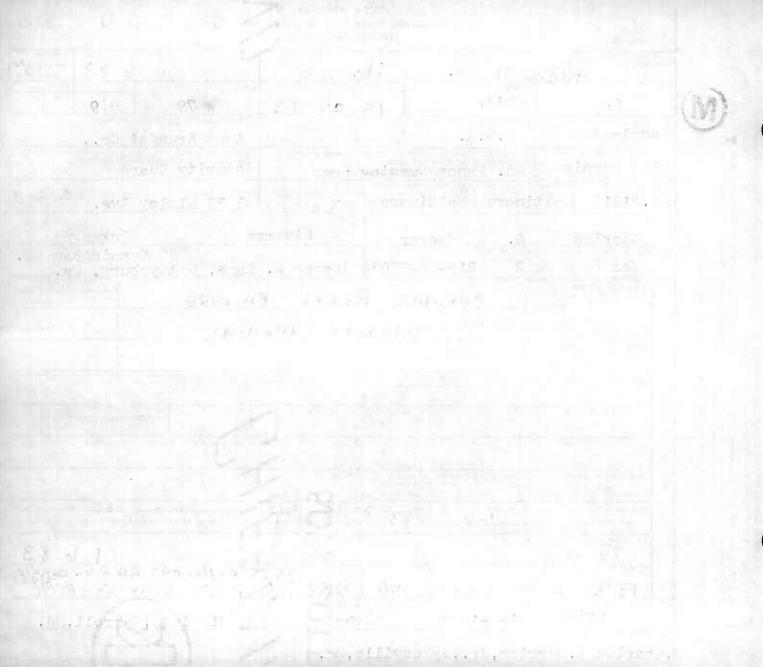
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)



1		FOR		DEPARTM	ENT OF HEAL	TH AND MENTA	L HYGIENE	3	0 0	1 5	1
		STATE REGISTRAR	ME		XAMINER'S	CERTIFICATE	OF DEATH	REG. N	10.		
		CEASED NAME FIRST (COR PRINT)	ARINE A.	WIDDLE	Hott	EL	OF	E KNOWN [ESTI- TH MATED (/83	26 HD5/R 3P M
3	. SEX	F W	5. DATE OF BIRTH	YEAR		UNDER 1 YR. IF UNI	DER 24 HRS. 2c. DA	ATE DUNCED AD	1/22/	83	30 MA
3	7e BII	RTHPLACE (STATE OR REIGN FLOR ROMA)	CL. S.	HAT COUNT	MA	RRIED NEVER MA	ARRIED	IMORECITY	OR COUNTY	OF DEATH	445
_		Y OR TOWN OF DEATH	(IF NOT IN SUCH F	SPITAL, NURS	ING HOME, OR O	THER INSTITUTION	12a USUAL OC	CUPATION (TY	YPE OF WORK 12h	OF INDUST	JSINESS
3	30 S1	L RESIDENCE (IF IN NURSING HOW TATE 13b. COL MARY LAND	E OR OTHER INSTITUTION, C INTY A.A.	13c. CITY C	FORE ADMISSION) OR TOWN APOLIS	13d INSIDE CITY LIMIT	S? 13e. STREET ADI	DRESS	garet's	214 Road	101
0		THER'S NAME FIRST THE STATE OF	EMAN	H0 9	TELL	15. MOTHER'S MA	BY	M.	P	ERR	4
1			ARMED FORCES? VE WAR OR DATES)	219	10 486	GEORAS	T. TULER		o Ma Ni	10.21	202
-		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUSE	only one cause per lin SED BY:	e far (a), (b), a		OSCLEROTIC	CARDIOVAG			APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
		4292		R AS A CONS	EQUENCE OF	OSCIEKOI IC	CARDIOVAS	CULAR	DISEASE		7
		Canditions, if any, whi gave rise to immedia couse (a) stating the <u>und</u>	te (b)	R AS A CONS	EQUENCE OF					SUI	DDEN
		lying cause last. PART 2 OTHER SIGNIFICANT CONDITIO	(c)	BUT NOT BELLYC	D VO VIII VERIIIN I DIC						
	NO	TAKE Z OTNEK SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUI MUI KELAIE	N IO INE IEKWINAT DIZI	EASE OR CONDITION GIVEN I	N PART I (a).				
9	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR W	HICH OPERATION	WAS PERFORMED?				20 AUTOPSY	
	CERTI	210 EXTERNAL CAUSE WAS	21b. TIME C	FINJURY	21c	HOW INJURY OCCU	RRED LENTER NATURE OF	F INJURY IN ITEM 11	B PART 1 OR PART 2	YES 🗌	NO []
5	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE C	F DEATH P.		19	LOCATION					
	ME	WHILE NOT WHILE		TORY, FARM, ETC.		STREET	CITY OR	TOWN	COUNT	Υ	STATE
		220. I certify that I took cho							and in my opinio	on	
		121	tural couses XX,	Accident L	J, Suicide L	, Hamicide [TITLE (SPECIFY		manner			1_
5		ACTUAL SIGNATURE	what	11.	113	M.D. DEPUT	MEDICALEX		DATE SIGNED_	1/22/	23
3		EXAMINER'S NAME E1	mer G. Lin	hardt,	M.D.	ADDRESS 3 C	hesapeake		annapol	lis,Md	.21403
	3	FAUTION REMOVA	1/25/8	3 FL	ME OF CEMETERY	OR CREMATORY	RITY OR TOWN		P. G	· Ma	DATE D
-	ZI FI	INERAL DIRECTOR	ADDRES	5 1	A L		TE REC'D. BY REGIST	RAR 25b REC	SISTRAR'S SIGN	NATURE	
4	MY	LOR TUNERDL	CHAPEL	DWL	MROLIS	MD.	JAN 2619	83	mo	James	X

Files HONEMHER HOME THE REPORT OF THE PARTY OF THE SHIRES FREEDOMS - HATTERS KINBY FL. PEKKY AND SECTION OF THE SE Toplan trues for the following May JAN 2 B 283 Ja Ja Could

1	1	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 ()	0 1 5 8
	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	Y YEAR 26 HOUR
	{TYP	E OR PRINT) WILLIAM	LEE	HOTTLE	ANTIARY 18 10	83 7 39P M
35	3. SE		4 RACE WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER LYEAR IF UNDER 74 HRS
	7a 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MAY 29 1934 8 MARRIED X NEVER MARRIED 10 10 10 10 10 10 10 10 10 10 10 10 10 1	9. BALTIMORE CITY OR COUNTY C	F DEATH
A)	V	MARYLAND		S WIDOWED DIVORCED	ANNE ARUNDEL	MD.
1054		SLEN BURNIE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUNDEL	NG HOME OR OTHER INSTITUTION TABBLESS! GENERAL HOSPITAL	120 USUAL OCCUPATION (Type of work for most of working life) SERVICE REPRESENT	12b. KIND OF BUSINESS OR INDUSTRY
125	13a	STATE 13b. COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	VNL 113d INSIDE CITY LIMITS?	13e STREET ADDRESS	
3	14. F	ATHER'S NAME		15 MOTHER'S MAIDEN NA		. 21146
20		SAMUAL	MIDDLE	E WINIFRE	MIDDLE	BUZZARD
medicol		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES 220-30-		TLE (SAME 43	13)
	H	18 CAUSE OF DEATH (Enter o	inly one couse per line for (a), (b), a		LE CAMIC HS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSI	ED BY: ATE CAUSE (D) CARDI	AC ARRYHIMI	4	
		7271	DUE TO, OR AS A CONSEQU	ENGE OF IN MULLIAN h	eart disease	
		Conditions, if ony, which gove rise to immediate	(b) (b)	e varvaior ne	en il cuasuse	
	2	couse (0), stating the underlying cause last	DUE TO, OR AS A CONSEOL	ENCE OF		
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION GIVEN	IN PART 1(0)
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED
10	RTIFIC				YES NOW YES	NG CAUSES OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJURY	21f. LOCATION		
	¥	WHILE AT WORK	(AT HOME STREET FACTORY OFFICE.	FARM, ETC] STREET	CITY OR TOWN	COUNTY STATE
		22a I certify that (1) (this hosp	oital) attended they deceased from	57 DG 1900	- to Jan 1819	, that (1) (we) last
		obove, (I) (we) (did) (did no	n 19.4	DEGREE	death accurred on the date and hour o	22c DATE SIGNED
# # #		Thomas	Walsh, M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-19-83
MPORTANT		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
	22.	DR. THOMAS WA		269 PENNINSUI		MARYLAND 21012
	230	BURIAL, CREMATION, REMOVAL	JAN. 21, 1983 0	NAME OF CEMETERY OF CREMATORY AKLAWN CEMETER	BALTIMORE B	OUNTY STATE
1/81	24. F	UNERAL DIRECTOR		501 RITCHIE HE 250 DA	TE REC'D. BY REGISTRAR 256. P. SISTRA	R'S SIGNATURE
	LK	OBERT S. BARK	ANCO SI	VERNA PARIC MID.	AAN 8 4 1983 John	with lancely

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WILLIAM REESE & SONS MORTUARY, P.A.

FOR

1 - STATE

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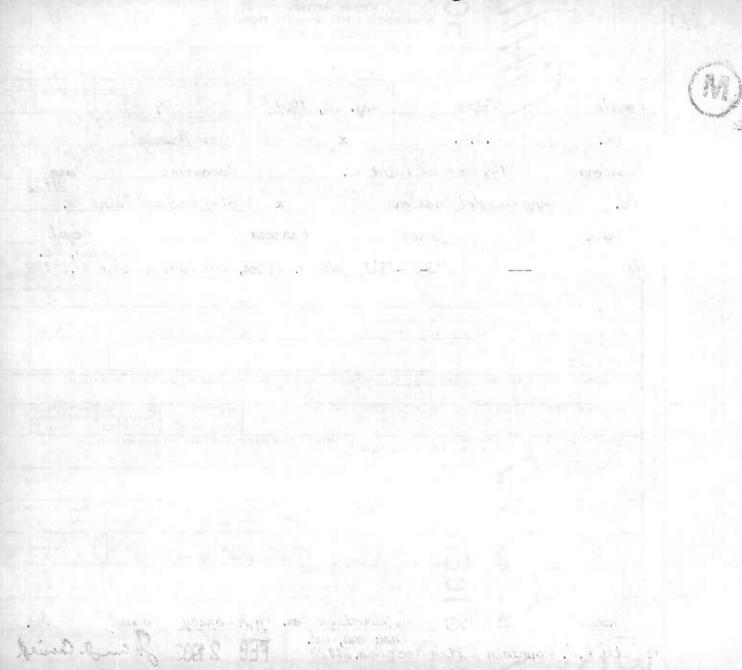
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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of forest A. Transfers 5091				

4	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	0 0 1	O W
	ECEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
E. Gal	TI	CLARA I I	TTER	JAN 2	9 1993	100 A
建() 3.5	EX	4. RACE 5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE,	
	temale	White Au	2. 26, 1903	7	9 YRS.	
	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRII	ED NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEATH	
de d	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		Anne Aru	The state of the s	ME
里多 图。介		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	D)	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUST	
- A 14-	Pasadena UAL RESIDENCE (IF NURSING HOME)	8145 Orchand Point P	va.	Homemaken	1 11	one
all pool of the po		e Arundel Pasadena	13d INSIDE CITY LIMITS? YES NO		and Point R	21122 Rd.
Toward Toward	FATHER'S NAME	MIDDLE Chaneu	15. MOTHER'S MAIDEN NA	MIDDLE	Re	egal
Poges 1	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	asaaena	z, Md.
Pool	No	212-60-1541	John A. Itte	n, 2004 Popl		621122
event, th	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	anly one cause per line for (a), (b), and (c).)	na Fai	:07		OXIMATE INTERVAL EN ONSET AND DEATH
		ATE CAUSE (0) CHEONIC HE	PATIC FAIL	UKE	17	EAR
troumotic		DUE TO, OR AS A CONSEQUENCE OF	CINOMA LIVE	0	111	640
trou	Conditions, if ony, which gove rise to immediate		(INCIVIA LIVE	<i>/C</i>	1 4	LAK
iol, crem or other	cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF				
2 %		CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
injury,						
8 shows ony injur	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS	
1 Hygiene 18 shows				YES NO	YES 🗌	NO [
- / /	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2	2)
d or Item	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	R) P.M. 19	211. LOCATION			
morked or	WHILE IN NOT WHILE IN	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOV	VN COUNTY	STATE
Bor	AI WORK	pital) attended the deceased from	ARCH 10 63	10 JA1	V: 10 8.3	that (I) (wetlas
of He	saw the deceased alive a	Nev 18 1982	nd that in (my) (vor) apinion	death occurred on the de	ate and hour and from t	
E B	22h SIGNATURE	not) view the bady after death.	DEGREE	/		TE SIGNED
T F D	arthur Lan	ilefuly. "M. D.	ATTENDING PHYSICIAN	MEDICAL STAI	IAN 1-3	29-83
TANT ANT	22d. PHYSICIAN'S NAME ITYPE	OR PRINT)	22e. ADDRESS			
IMPORTANT:	ARTHUR LAI	VKFURD, JR. M.D.	2934MOUNTAIN	URD. PASA	DENA, MD.	21122
≥ 230.	BURIAL, CREMATION, REMOVA Burial		CEMETERY OR CREMATORY	23d LOCATION	Howard.	Md.
1/23	FUNERAL DIRECTOR	Pasade	na. Md. 1250 DAT	REC'D. BY REGISTRAR		
ma	cully t.H. Mou	intain & Tick Neck Rds	.21122 F	B Z 1983	of and	lahrely



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG	MANICI									REG. NO				
I. DECEASE		FIRST	1	MIDDLE		LA	ST		2ª DATE OF	_	MONTH	DAY	YEAR	2h HOUR
(TYPE OR PRIN	NT)	DONAL	D	J.	JAC	COBS	SR.		Jan	27,	198	33		450
SEX			RACE			5 DATE OF			6 AGE (INY			IF UND	DER 1 YEAR	IF UNDER 24 HE
Ma	ale		Whit	te		Marc	ch 4. 1	1923	5	9	YRS.	MONIN	DAYS	HOURS MI
a. BIRTHPL	LACE (STATE OR F	OREIGN 7b	CITIZEN OF		UNTRY? 8	8			9. BALTIMO			Y OF D	EATH	
Mary	vland		U.S.A	Α.		MARRIED	NEVER MAI	RCED	Anne	Arı	nde	1 C	0.	800
	R TOWN OF DEA		NAME OF H	HOSPITAL,	NURSING	HOME OF	OTHER INSTITU		120 USUAL C	CCUPATI	ON	12	b. KIND O	F BUSINESS (
Lin	thicum	F	lome -		9 Lir		Ave.		Tool	Cri	b working	(N	esti	nghou
USUAL RES	SIDENCE HE NURSH	13b. COUNTY			OR TOWN		13d INSIDECITY	LIMITES	13e STREET	DDBEES	100			
	Md.	A.A.			thici			IO X	209	Line	la A	v.	(2	1090)
4. FATHER'	'S NAME FIRST	MIDD	nie.		LAST	- 01	15. MOTHER'S M		ΛE			141		
E	dward		1	_	cobs		Agnes			WIDDLE			HO	lms
	ECEASED EVER			16h SOC	AL SECURI	ITY NO.	17 INFORMANT			ADDRE	55		110	LIIIO
Yes	OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	217-	14-05	555	Josephi	ne Ja	cobs	(same	as :	130)		
18 C	AUSE OF DEATH	l (Enter only o	ne couse per	line for to	th and	IC.				Commo		1	APPROXI	MATE INTERVAL
gove	ditions, if ony, ve rise to imm se (a), stating	nediote	DUE TO, OF	RASACO HE	TAST	NCE OF	horas	747	OCEC	۷.				
Cone gove cous unde	diditions, if ony, re rise to imm se (a), stoting erlying cause	which dedicte g the lost.	DUE TO, OF	R AS A CO	ING TO DE	ICE OF, ICE OF	IOT RELATED TO	S CO	inal disease	OR CONI				
Cone gove cous unde	ditions, if ony, re rise to imm se (a), stoting erlying couse	which dedicte g the lost.	DUE TO, OF	R AS A CO	ING TO DE	ICE OF, ICE OF	و در دیا	S CO		OR CONI	20b. IF YI	ES, WER	RE FINDIN	NGS USED OF DEATH?
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DHMH - 16 50M 1/81 (VRA 15, 4)

BP

George J. Gonce F.H. 4001 Ritchie Hgwy.

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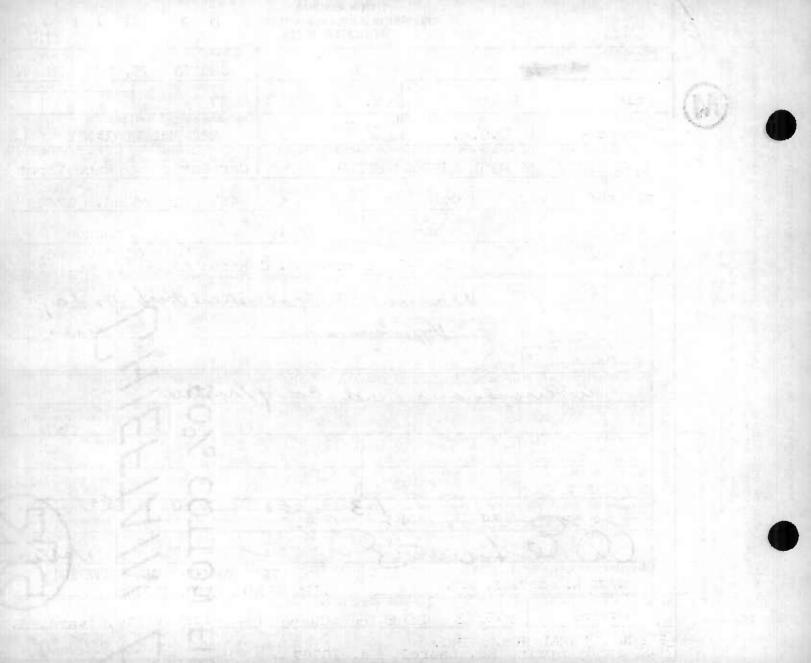
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-	V-	STATE REGISTRAR	and a	MEI	DICAL EXAMI				REG. NO.	,	-
	1. DE	CEASED NAME E OR PRINT)	FIRST Walt	T T	heodore		AST COM	20. DATE KI OF DEATH A	NOWN MOI	20 198	Zb. HOU
	3. SEX	ale	RACE White	5. DATE OF BIRTH		YEARS IF UND		24 HRS. %. DATE	MON	ITH DAY	YEAR 2d HOL
1	7a. BI	RTHPLACE (STA		76. CITIZEN OF WH	AT COUNTRY?	T.	D NEVER MARRI	DEAD 9 BALTIMO	RE CITY OR CO	20 19E	35 a.
		aryland		U.S.		WIDOWE			e Arunde		
1	A	nnapol i	S	Anne Aru	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS INDE! GENET	al Hos		Policeman	NG LIFE)	Baltin City	ore Police
	USUA Ma	L RESIDENCE (II TATE ryland	136 COU	e or other institution, giv INTY e Arunde1	13c. CITY OR TOWN Glen Bur	nie	3d INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS	vn Road	21061	
	14. FA	THER'S NAME Willian	n	MIDDLE	Jasper,		15. MOTHER'S MAIDE Thresa	N NAME MIDI	DLE	Wil	liams
			EVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SECUR		7. INFORMANT		ADDRESS		
		YES	WW	VE WAR OR DATES)	219-16-8	732	Pamela E.	Zajac 330	4 Bruin	Drive	23321
	NC	lying cause		(c)	AS A CONSEQUENCE		DR CONDITION GIVEN IN PA	RT 1 (a),			
	FICATION	19a. DATE OF C	PERATION	19b. CONDIT	TION FOR WHICH OP	ERATION WA	S PERFORMED?			20 AUTO	
	MEDICAL CERTIFICATION	210. EXTERNAL UNDERLYING CONTRIBUTING	OR		MONTH DAY YE	AR 21c. HOV	W INJURY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 C	YES)	ON KA
	MEDIC	21d. INJURY OC WHILE AT WORK	CLIPPED	21e PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)	211. LOCA STR	ATION	CITY OR TOWN	V	COUNTY	STATE
13		The Later	that I taak cha	irge of the remains desp tural causes XX		Autopsy Suicide ,	Hamicide ,	Undetermined man	ner ,	are	21 <i>-</i> 83
_					- 11						
1	4	EXAMINER'S N (TYPE OR PRIN	AME De	ennis F. Sm	nyth, M.D.	A	DDRESS	II Penn St			
BALTIMORE, MARYLAND, 21201 P	23a. B		r) De De MOVAL		1236 NAME OF C	EMETERY OR	CREMATORY	II Penn St		county Ma	rÿland

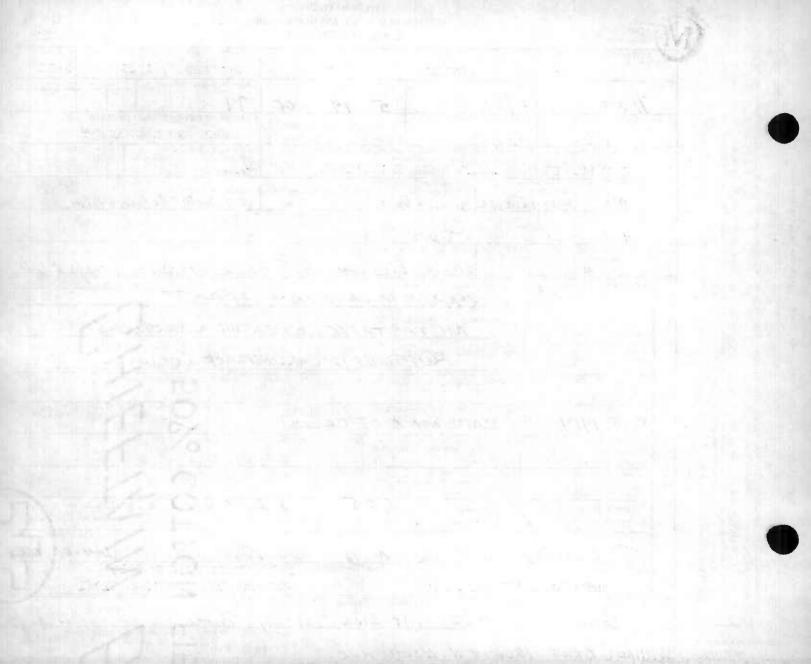
20M 4/82

TEN - CET THE HOTE BOLD AND THE SECOND TO DESCRIPTION OF THE SECOND JAN 24 BEE & England

7601 Sandy Spring Rd. Laurel, Md. 20707

(VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	3	0	0	- Broatle-	
CERTIFICATE OF DEATH	20	REG. NO.				
						100

STATE REGISTRAR DECEASED NAME FIRST 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR F UNDER 24 HRS 3. SEX RACE 5. DATE OF BIRTH MONTH YEAR FEMALE BLACK 5 1935 . BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED DIVORCED ANNE ARUNDEL COUNTY 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ANNAPOLIS ANNE ARUNDEL GENERAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MARYLAND MAYO A.A. 406 R. Lakeview Avenue YES [] NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE JOHN BOSTON JOSEPHINE THOMAS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) EDGAR JONES 406 R. Lakeview Ave. Mayo. Md. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES T YES [NO NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STATE COUNTY STREET CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22s. I certify that (I) (this haspital) attended the deceased from and that in (my) (our) apinion death accurred on the date and hour and from the causes stated saw the deceased alive on above, (1), (we) (did (did not) view the body ofter death. 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT: 22e ADDRESS 22d PHYSICIAN'S NAME ITYPE OF PRINT 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

8

BURIAL BP 24 FUNERAL DIRECTOR

Annapolis, Md.

REESE & SONS MORTUARY, P.A

LAKEMONT CEMETERY

Davidsonville STRAR 25h REGISTRAR'S SIGNATHER The state of the s

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		RECOMBA DAM	
Me			MANUAL STATEMENT
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Telf day 22 Lake 1999-21-1

CONTROL DATE VILLER INTER



	1			STATE OF MARYLAND	49	0 0 1 1
	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	0016
		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
(M)	(TYP	LESLIE	Oliver	JONES	JAN	18 1983
	3 SE	MALE	RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS MIN
directions at one		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	pept. 12, 1700	1 BALTIMORE CITY O	YRS PRODUCT OF DEATH
funeral in 72 h) (OUNTRY) MD	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	HUUS 1	ARUNDEL M
by the funed within	10 0	NUAPOLIS	T. NAME OF HOSPITAL MURSI OF NOT IN SUCH FACILITY GIVE STREE	1 41 4 / - 5	12e USUAL OCCHPATH	ON 121 KIND OF BUSINESS OF POLICE OF THE PROPERTY OF THE POLICE OF THE P
filled in uld be fill	13a	AL RESIDENCE HE NURSING HOME OR OF	13c, 27TY OR TOV		134 STREET ADDRESS	CHELL ST 21403
with setely 2 shou	14 F	ATHER'S NAME FIRST MIC	DOLE LAST	15 MOTHER'S MAIDENNA FIRST	ME MIDDLE	Chasi 111
d compl	Ióu :	WAS DECEASED EVER IN U.S. ARMI YES, NO DIE NIKNOWN) LIFYES, GIVE W	ED FORCES? 166 SOCIAL SEC	URITY NO 17 INFORMANT	ADDRE	SS
an and Pages		110	216-44	-7530 ALBZRTA	2. JONES	#13
he death certificate be exi attending physician and c vve carbon papers. Pages 1 atton. or removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which	BY: NEDE	BOAL WASCULA	CEMENT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FOUNDS Ahizard 20 YRS
ires that the ed by the ease remorrial, cremairy, or othu		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	JENCE OF		
requ n sign nen pl to bu	NO	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	ALCI DA	
I: The law te has been permit. The iene prior is shows an	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
PHYSICIAN: The ng physician. this certificate has urial-transit permi Mental Hygiene p d or item 18 show		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH E P.M.	DAY YEAR	RED JENTER NATURE OF INJUR	Y IN ITEM 10, PART 1 OR PART 2)
OING PHY ttending ph After this c s the burial. th and Men marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21 R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOW	N COUNTY STATE
or a or a OR: Se as Healt		220-1 certify that (I) (this hospital		11-24, 19/05 8.3, and that in my our) apinion		-/8 19 8.3 , thot(1) we) los
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		Quela	KIBEEK		MEDICAL STAF	F //10/00
TO HOSPITAL OR retained by the hosp TO FUNERAL DIRE should be detached if with the State Dept.		EDWARD S.	Beck	Fores	of Dr. An	INAPOLIS, MD.
Bb——— Office of the state of th	73a			HAME OF CEMETERY OF CREMATORY	73d LOGATION THYOR TOWN	ONE A STAND
DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS /	25a. DA1	TE REC'D. BY REGISTRAR	716 REGISTRAR'S DIG THE
(VRA 15, 4) 1/79	1	AYIOF TUNET	Al Chapel	HNNA DOLLS, MUS	41/ 2 1 1900	

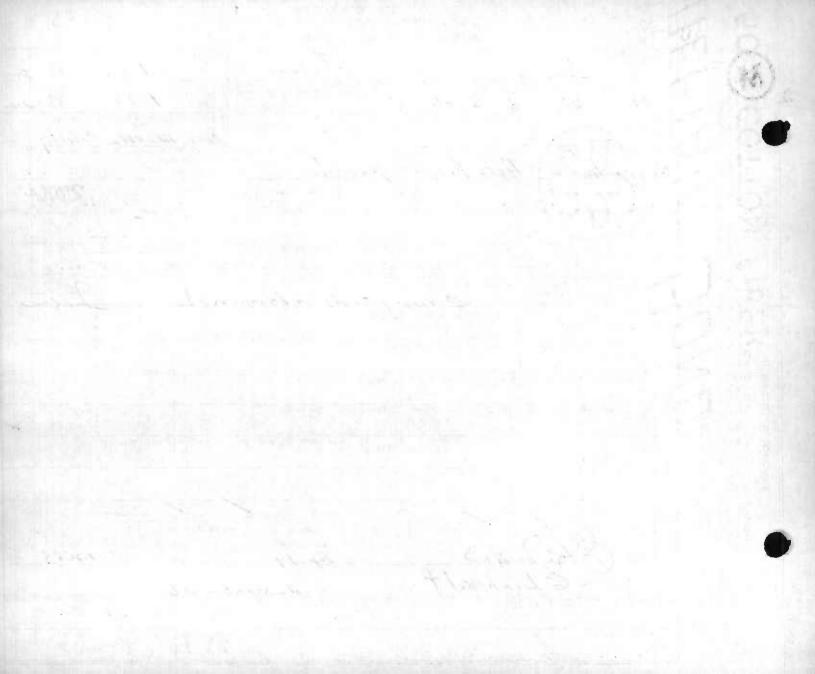
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4	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 3	001	6 / EST
me		CEASED NAME FIRST	WIDDLE	ŁAST	20. DATE OF DEATH MONT	'H DAY YEAR	26 HOUR
8.0		WILLIE		JORDAN	JANUARY 25,		7:40
(AA)	3. SE	MALE	Black	5. DATE OF BIRTH MONTH OAY VEAR 10-4-98	6 AGE (IN YEARS LAST BIRTHDAY	MONIHS DAYS	HOURS MIN
TAN		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL		M
P 202/		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUNDE	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12h KIND O	F BUSINESS OR
Se bee	USU 13a.		ROTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) WN 13d, INSIDE CITY LIMITS?	1	r Street	21213
300		THERS NAME	MIDDLE JOHNA	15 MOTHER'S MAIDEN I	NAME MIODLE	Pobinson	oT
Poges		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SEC VE WAR OR DATES! \$18-0/-	708 Deorge W.	Jordan 11/8	h. LAKO Wa	d AVE
Then please remove cark ta burial, crematian, ar njury, ar ather traumatia	NO	Conditions, if ony, which gove rise to immediate cause (a), stafing the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEDI	JENCE DE JOHN JOHN TELATED O THE TE	IN FOSTINO	HOFF ON GIVEN IN PART 110	o
ws ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDIN CERTIFYING CAUSES YES	
the buriol-transit pand Mental Hygier ed or Item 18 sha	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE VALUE OF THE CONTRIBUTION OF THE CAUSE OF	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN I	COUNTY	STATE
d for use as t. of Health m 21 is mar		22a I certify that (I) his hosp	ital) attended the deceased from	ond that in my (our) apini	on death accurred on the date o	nd hour and from the	
Stote Dep		Elward	Sem		DIRECTOR PHYSICIAN	n 1-2	6-83
with the State		EDWARD N. SI			5 BALTIMORE-ANN EN BURNIE, MARY		
5 3 ≧ ₹	23a.	BURIAL, CREMATION, REMOVAL	1-31-83 Z	NAME OF CEMETERY OF CREMATOR	23d. LOCATION BAITIMONE	COUNTY	d. STATE
6 50M 4/B2	1	UNERAL DIRECTOR	1/3/2015	(R) (250. E	AN 27 1983	REGISTRAR'S SIGNAT	welk

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-19 53 Alvin DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 2. AND 3 TO THE FUNERAL DI-3. RETAIN PAGE 5 FOR YOU 2. SHOULD BE FILED, WITHIN 72 AL PECORDS, 201 W PRESTON 5 06 DEAD WITHIN'72 IS NECESSA To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIEDXX NEVER MARRIED FOREIGN COUNTRY USA Shady Side Md. DIVORCED AUNE-BRUNDFI WIDOWED L 12a USUAL OCCUPATION (TYPE OE WORK 12b. KIND OF BUSINESS FOR MOST DE WORKING LIFE) OR INDUSTRY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Waterman Self Emp. USUAL RESID ENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? A.A. Co. Shady Side 13. STREET ADDRESS 48 Woods Wharf Md. NOX BURIAL - TRANSIT PERMIT. PAGES I AND 25 AND MENTAL HYGIENE, DIVISION OF VITAL ATION, OR REMOVAL. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1. ITH FORM PM. MIDDLE FIRST EIRST James Joyce Agnes Atwell 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDShady Side Md 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 213-01-8692 Anita S. Joyce 48 Woods Wharf Rd. No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Query 5177 Abdomin AMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) USED AS A B CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO WELLOW TO THE CRYPTICATE, WRITING THE WORD THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DISTRIBUTION OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES 🔲 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LAT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion Inspection death resulted from Homicide Undetermined manner TITLE (SPECIFY) SIGNED 1.20.8 2 ACTUAL SIGNATU EXAMINER'S NAME (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Calesville A AOUNTY Md . STATE Burial Quaker Cem. 1-23-83 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** A. Hardesty Annapolis Md (VR A15 ME (5))

15M2/80



1	1.	FOR - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGIE FICATE OF DEATH	NE 8 5	0016	9
4)		CEASED NAME FIRST		LAST	20 DATE OF DEATH MO	ONTH DAY YEAR 26. HOL	JR .
/	3. SE	x triedo		OF BIRTH	ANUARY AGE LINYEARS LAST BIRTHD	23 - 83 /2:4	J PM
		FEMALE	WHITE OF	H DAY YEAR	85	YRS.	MIN
35	u i	IRTHPLACE (STATE OR FOREIGN COUNTRY)	THE CITIZEN OF WHAT COUNTRY?	ED NEVER MARRIED	ANNE AR		MD.
33	A	NNADOLIS	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FAILUTY, GIVE STREET ADDRES)	OR OTHER INSTITUTION	2g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	12b. KIND OF BUSINE	
35	M	ARYLAND ANNE	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 13 CITY OR TOWNS FARUNDED SEVERNATARK	YES NO	30 STREET ADDRESS		6
20		ASMUS	MIDDLE KUKLOW	ELIZABET	MIDDLE	WITZGAL	2
e medica		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) [IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 2 1 34 4966	DON G. KAD	RON (SA		
ar ather traumatic event,	7	4860 Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DBY: DBY: DBY: DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF			APPROXIMATE INTE	DEATH
s any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT		200 AUTOPSY? 20	ION GIVEN IN PART 110 10. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEAT	D TH?
om 18 shov		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	YES NO	YES NO	
rked ar Ite	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY S	STATE
em 21 is ma		saw the deceased alive an	t) view the body after death.	nd that in (my) (aur) opinion de	oth occurred on the date	ond hour and from the causes sto	
TANT:		22d. PHYSICIAN'S NAME (TYPE O	R PRINTI	ATTENDING _	MEDICAL STAFF DIRECTOR PHYSICIAN		
IMPORTA	20	I A CAF	outo, m. c				
		BURIAL, CREMATION, REMOVAL (SPECIFY BURIAL) UNERAL DIRECTOR	JAN. 26, 1983 LOUDON	PARK CEMETERY	CATCHSYLL	BALTIMORE S	MD.
/81	R	OBERTS. BARR	ANCO SEVERN	LAM.	2 6 1983	REGISTRAR'S SIGNATURE	

SEVERNA PARK, MD.

BARRANCO

DHMH - 16 50M 1/81 (VRA 15, 4)

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Nicholas T. Matthews, 3021 Eastern Avenue Baltimore, Md.

- STATE

REGISTRAR

I. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

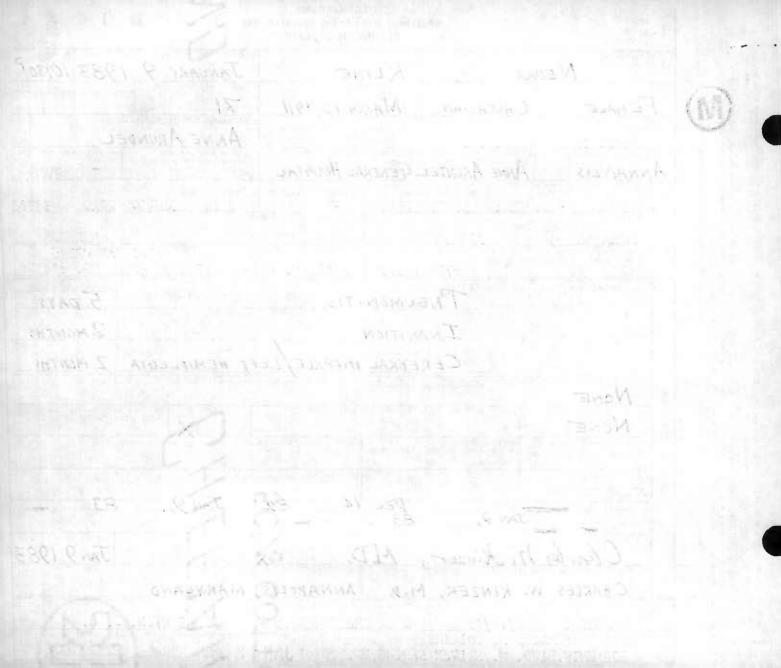
CERTIFICATE OF DEATH

& AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HR 9 BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR Clerk INDUSTRY Drug Store | 507 S. Robinson Street Kowalski Mrs. Trene Lapinski, 437 Blossom Tree Drive Annapolis. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 606 Hammonds Lane, Baltimore, Md. Baltimore

REG. NO

for the total there was been him it will be the LE LE LE LE LE LE LE LE LA LE SE SES PLU LE CANILLE

43 E W	1-	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.									
ge 3	1. DEC	CEASED NAME FIRST NEIL	PRA 1 KLINE			NE		9.1983 10:30 PM				
AA)	3. SEX		4. RACE			CH 12 1911	6. AGE (IN YEARS LAST BIRTHI		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.		
% -		RTHPLACE (STATE OR FOREIGN OUNTRY)	-			NEVER MARRIED	9. BALTIMORE CITY OR ANNE A					
A A	A	VIRGINIA TY OR TOWN OF DEATH NNAPOLIS		JOH FACILITY, GIVE STREET		R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	VORKING LIFE)		F BUSINESS OR		
muss be	13a. S	L RESIDENCE (IF NURSING HOME OF TATE 196 COU	ROTHER INSTITUTIONTY	7	ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 2210 BEEC			20783		
1964		THER'S NAME FIRST THEODORE	WIDDLE	JACKSON		15. MOTHER'S MAIDEN NAME FIRST ETHEL		NWOOD	LAST			
medical		AS DECEASED EVER IN U.S. A				17. INFORMANT SON			OAK DR	IVE		
ent, the		18. CAUSE OF DEATH (Enter only one couse per line for o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEA										
roumotic ev		HART DEATH WAS CAUSE (a) PNEUMONITIS, 4349 DUE TO, OR AS ACONSEQUENCE OF Conditions, if ony, which gove rise to immediate (b) LNANITION 2MONTHS										
or other t		couse (a), stating the underlying cause lost.		ZMONTHS								
or to bury,	TION	PART 2 OTHER SIGNIFICANT										
Shows on	CERTIFICATION	None 190 Date of Operation 196. CONDITION FOR WHIC			OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO				
them 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER MATURE OF INJURY	IN ITEM 18 PAR	T 1 OR PART 2}			
rked or t	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY TREET, FACTORY, OFFICE F	ARM ETC)	211. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE		
of Health		22a.1 certify that (1) (4			DEC 33	ad that in (my) (my) opinion	to JAN 9, death accurred on the date	e and haur o	and from the c	that (1) (a) last		
State Dept.		276. SIGNATURE Charles W. Kinzer, M.D., ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO JAN 9, 1983										
with the State		22d. PHYSICIAN'S NAME (TYPE		ZER. M	. P.	ANNAPOLIS	MARYLAN	/D				
3 3		URIAL, CREMATION, REMOVA SPECIFY) BURIAL		23c, 1		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		D. C.	STATE		
M 4/82 4)	24. FL			COLLINS		25a. DAT	1 3 1983	b. REGISTRA	2 Com			



FOR

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY 21122 Same as #13 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 73r. DATE SIGNED DIRECTOR PHYSICIAN 7845 OAKWOOD ROAD GLEN BURNIE, MARYLAND, 21061 Glen Haven Men. Park Tick Neck Rds. Pasadena, Mds ully Funeral Home of Pasadena

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

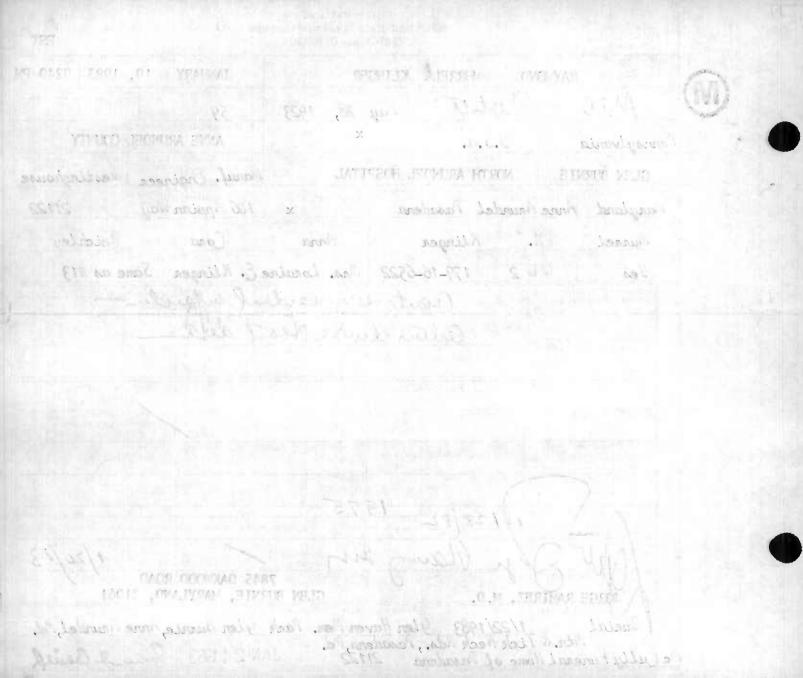
CERTIFICATE OF DEATH

2b. HOUR

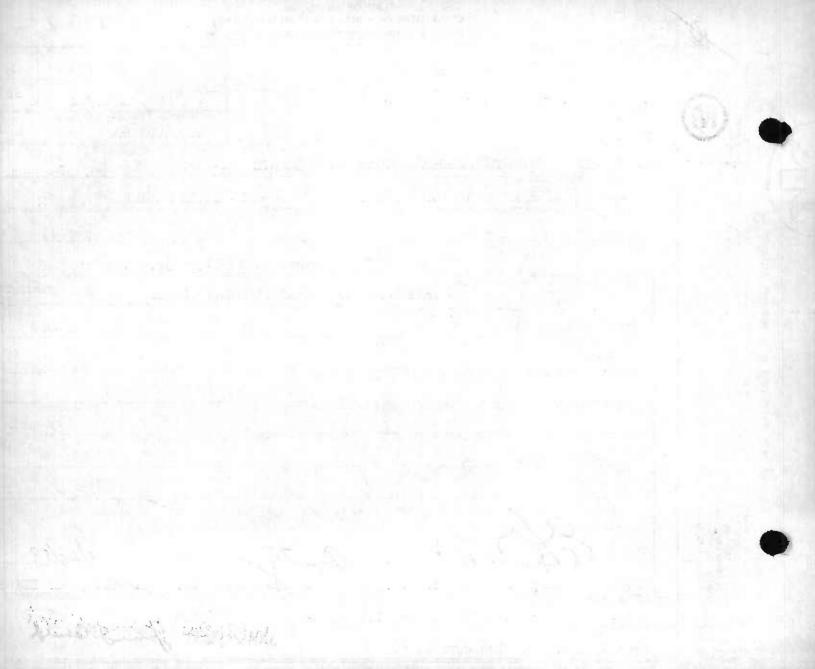
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.2	11-	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO												
to	1. DE	REGISTRAR CEASED NAME PE OR PRINT)	FIRST		MIDDLE		R'S CEI	RTIFIC	ATE OF	2a. DA	E KNOWN			YEAR	2h HOUR
PLEASE BECTOR. R. FILES. HOURS STREET,	3. SE		MARGARET ANNE KNELLER DEATH MATED OF A CE S. DATE OF BIRTH MONTH MO						MÔN	/26/8	YEAR	AMM 2d HOUR 59			
	F	Female WHite BRITHPLACE (STATE OR OREIGN COUNTRY)		76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR C						TY OR CO	COUNTY OF DEATH				
AV IS NE	Maryland 10. CITY OR TOWN OF DEATH GLEN BURNIE			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF								WORK 12b KIND OF BUSINESS OR INDUSTRY			
ANY DEL ANY DEL AND 3 TO RECORDS	ISU	AL RESIDENCE (IF IN		OTHER INSTITUTION, GIV	E RESIDENCE BE		136	I INSIDE CITY	,	Custoc		ROAD	Bd.	2106	
MONTH WO	14, F	ATHER'S NAME FIRST George		MIDDLE	1. 7.a	st Ina	15	. MOTHER	R'S MAIDEN		MIDDLE	Galo	terK	LAST	
BALTIMORE, RE AFTER DEA COME PAGES WITH FORM P PAGES I AN DIVISION OF	16a. Y	WAS DECEASED EVI (ES. NO OR UNKNOWN)	ER IN U.S. ARM	ED FORCES? VAR OR DATES)	16b. SOCIA	SECURITY N	0. 17.	Emi INFORMA Geor		Knelle	r, Jr	RESS			1
20310		18 CAUSE OF DE PART I DEATH	WAS CAUSED	y ane cause per line BY: E CAUSE (a)	far (a), (b), c	ind (c).)	ROTIC	CARI	DIOVAS	CULAR	DISEAS	SE	BETV	PROXIMATE VEEN ONSET	INTERVAL AND DEATH
201 W. PRESTON ST UTED WITHIN 24 HO. IN PENCIL IN ITEM I EAL: IRANSIT PERMI O MENTAL HYGENE, ON, OR REMOVAL.		Canditions, if any, which gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF										SUDDEN			
DS, 201 W. KECUTED WI JG". IN PENC ALL EXAMIN BURIEL TR AND MENT		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)													
RECORDS D BE EXE PENDING MEDICA AS A BL EALTH AL	TION	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?													
E SHOULD WORD "PR CHIEF INTO FHE INTO FHE BUSED.	CERTIFICATION	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1:							20 AUTOPSY? YES NO X						
DIVISION OF VITAL RECORDS, 201 S CRTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN ROED TO THE CHIEF MEDICAL EX- ES SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND OF PRIOR TO BURIAL, CREMATION	MEDICAL C	UNDERLYING CONTRIBUTING	CAUSE OF D	21e PLACE C	F INJURY	19 (AT HOME,	rif. LOCA								
	ME	AT WORK AT	WORK		ORY, FARM, ETC.		STREE		. [RTOWN		COUNTY		STATE
AMINER RTIFICAT 5 BE FOI RECTOR ITH THE		death resulted fro	1	co remains desc	Accident	held an Suicid	Autapsy e ,	Hamicio	Inspection L	Undetermined		and in m	y apinian	,	
SHOULD SHOW ORE, WAS		ACTUAL SIGNATURE	Obje	Short	14		2	Jefu	4	MEDICAL EX	AMINER	D.A SK	ATE GNED 4	27/5	3
TO MEDICAL EXAMINER: THIS EXECUTE THE CEXTRICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGAFIER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 212M	23a. E	EXAMINER'S NAM (TYPE OR PRINT) SURIAL, CREMATION SPECIFY)	EIMei	G. Linha	23t. NA	ME OF CEME	ERY OR C	REMATOR	RY	eake A					
BP	24. F	Burial UNERAL DIRECTOR		29 Jan 83		lar Hil	l Cem		y So. DATE REC	Baltim 289		7	AATY PS JENG	ME	4
(VR A15 ME (5)) 15M 2/80		James S.	Kirkley	, Gien B	urnie,	טויו					0				

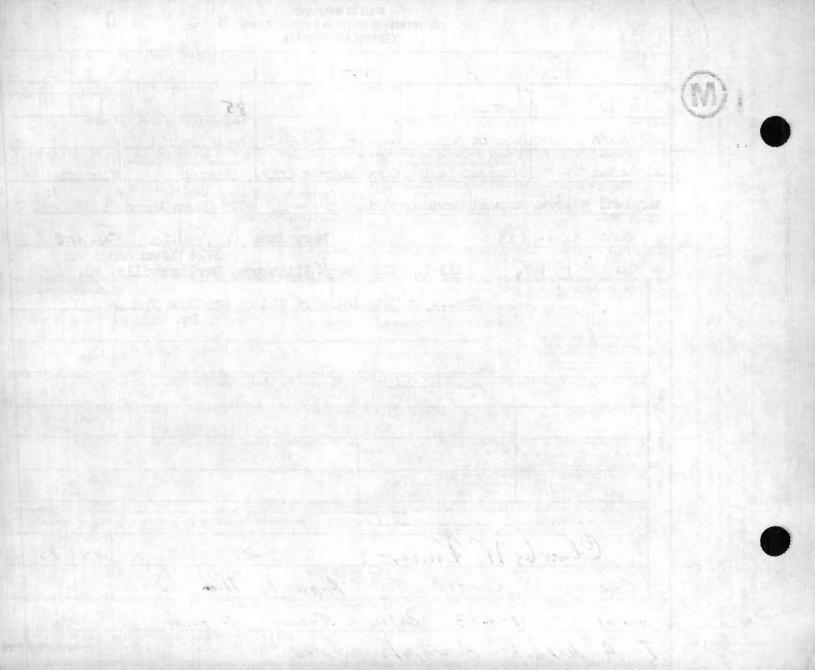


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(VRA 1S, 4)



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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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that (we) lost

12b. KIND OF BUSINESS OR

	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST E LSIE	C. KON	ickí	20. DATE OF DEATH MONTH	6-83 4 A
SE	* FEMALE 1.	CAUC. S. DATE C	DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 H
	BALTO, MD	CITIZEN OF WHAT COUNTRY? 8 MARRIES WIDOWE	D DIVORCED	9 BALTIMORE CITY OR COUNTY ANNE A	OF DEATH RUNDEL
1	MILLERSVILLE .	NAME OF HOSPITAL, NURSING HOME O	ANDA MUSSINGHE	120 USUAL OCCUPATION (TYPE OF WORKING LIFE FACTORY WORK	41 4 4
3a.	MS Narcounty	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. GTY OR TOWN ANNAP.	138 INSIDE CITY LIMITS? YES X NO 🗌	13e. STREET ADDRESS.	REDR. 214
		DLE	15 MOTHER'S MAIDEN NAM	ME MIDDLE	LAST DIA
	NAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (18 YES, GIVE W		go ANN B	ARBO - 712	Shore.
	18. CAUSE OF DEATH LEnter only (PART I. DEATH WAS CAUSED E IMMEDIATE ((2/////- 6	Expiratory	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	andical	Carcinous	Nov. 198.
2	PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	inal disease or condition give	EN IN PART TIO
A I I I I I	19a Date of Operation	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
ראו רבו	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME. STREET FACTORY, OFFICE FARM, ETC.)	21) LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (this hospital) sow the deceased alive on		d that in (my) our) opinion d	to VAN 16 1 leoth occurred on the date and hour	ond from the couses stated

should be detoched for use os with the Stote Dept. of Health TO FUNERAL DIRECTOR:

DHMH - 16 50M 1/B1 (VRA 15, 4)

sow the deceased alive on AN CO obove (I) we) (did) (did no) view the body after death

22e. ADDRESS

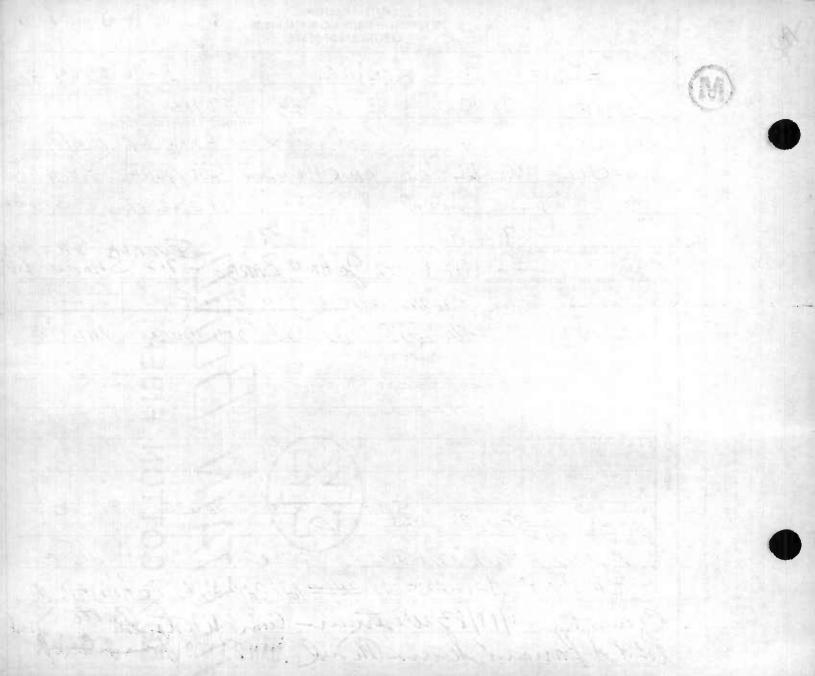
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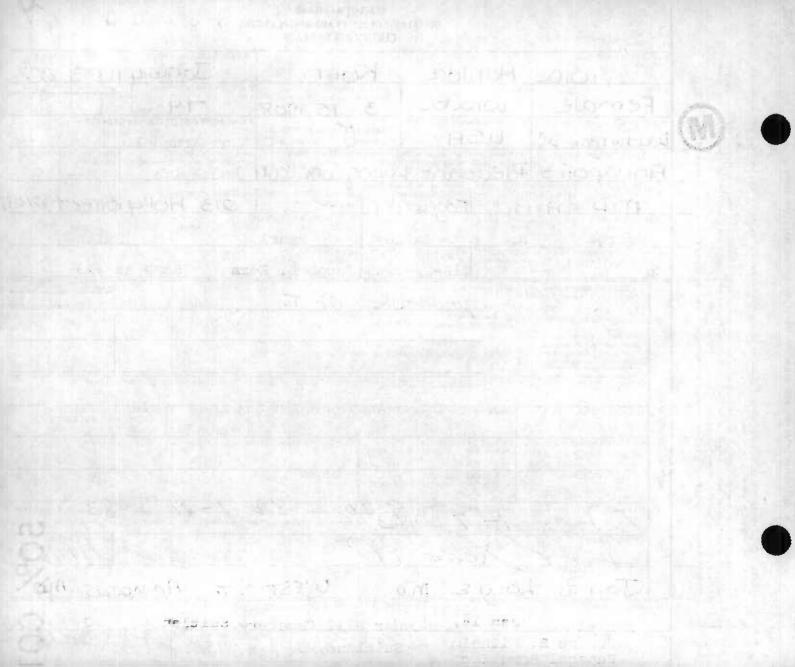
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DIRECTOR PHYSICIAN

STAFF



4		1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 0 1 / / CERTIFICATE OF DEATH REG. NO.	
			CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR	-
	3 25	TYPE	OR PRINT)	Matilda Korn January 1983 1248	AA.
	6 8 47	3. SE	() ()	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS	-
	1 10		emale !	white 3 15 1908 74 YRS. MONTHS DAYS HOURS MIN.	
				TA CITIZEN OF WHAT COUNTRY? 8	
	# Takan		achinator DC	MARRIED NEVER MARRIED Anne Arundel	D
	1110			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128. USUAL OCCUPATION 128. KIND OF BUSINESS OF	R
6	by the filed	A	nnapolis	TIEGSANT LIVING CONV. CONT HOUSEWIFE INDUSTRY HOUSEWIFE	
MARYLAND 2120	5 E 9 G	USU/ 130. S	AL RESIDENCE (IF NURSING HOME OR C TATE 13b. COUN	COTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 124 INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 124 INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 124 INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
AND	filled hould b		MD A.A	A. Edgewater YES BY NO 0 213 Holly Street 210	737
RYL	within within d 2 sho	14. FA	THER'S NAME FIRST N	MIDDLE LAST FIRST MIDDLE LAST	
WA	omple ond			R. Railey Pearl Smith	
ORE,	e execus		AS DECEASED EVER IN U.S. ARA	/E WAR OR DATES)	
BALTIMORE,	S. Po	No		216-22-2245 Jacob L. Korn Same as #13	
BAL	ysicic oper vol.		18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ST.,	p ph on p emo			TE CAUSE (0) DROBAble M. I.	
NO	nding corb		7100	DUE TO, OR AS A CONSEQUENCE OF	
EST	deoth attend ove co otion, o		Conditions, if ony, which gove rise to immediate	(b)	
W. PRESTON ST	by the of sse remov cremoti other tro		couse (o), stating the	DUE TO, OR AS A CONSEQUENCE OF	
201 V	+ 0 0 0 b			[c]	=
	signer Then pl to burn	z	PART 2 OTHER SIGNIFICANT CO	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101	
DIVISION OF VITAL RECORDS,	, i i i	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED	
REC	W S S S S S S S S S S S S S S S S S S S	IFIC		YES NO YES NO YES NO	
IAI	hysicion icote h ronsit p Hygier	ERT	210, ACCIDENT WAS UNDERLYING	216, TIME OF INJURY 216, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	-
OF V	SICIAN: TI ng physici certificate uriol-transit tental Hygi		OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. MONTH DAY YEAR	
NO	HYSIG nding his ce burid A Men or Ite	MEDICAL	JIF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216 PLACE OF INJURY 21F LOCATION	-
VISI	the one	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	
۵				ital) attended the deceased from 9-70, 1982, to 1-11, 1943, that (I) (we) los	st .
	OR ATTEND e hospitol o DIRECTOR: J oched for use Dept. of Heo		sow the deceosed alive an above, (I) (we) (did) (did not	19 3, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated	
	OR A DIRECTOR DIRECTOR DEPT.	3.1	2/2 SIGNATURE	DEOREE 27. DATE SIGNED	netters.
	7 - (+ 0		60-1 F	ATTENDING MEDICAL STAFF 1/1/83	
	HOSPITAL ned by th FUNERAL uld be det the Store		224. PHYSICIAN'S NAME (TYPE OR		
			Jon B 1	LOWE MD WEST ST, Annopous MD.	
	Sho To	23a. E	URIÁL, CREMATION, REMOVAL		-
	BP		Burial	Jan 14, Cedar Hill Cemetery Suitland PG	Mc
	DHMH - 16 50M 4/B2	24. FU	NAME ROBERT E.	250. DATE REC'D. BY REGISTRAR OS REGISTRAR O	
	(VRA 15, 4)		Funeral H	Dat ctalla fib I kill I libo kill	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH FIRST 2b. HOUR DECEASED NAME (TYPE OR PRINT) Albert 12:05 Otto Krach January 12, 1983 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTH Male White March 19. 1903 BIRTHPLACE I STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Maryland Anne Arundel WIDOWED III. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Crofton Crofton Convalescent Center Telephone Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 2890 Kentucky Ave. Maryland Baltimore YES T NOF I FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Neidhardt John Krach Elizabeth ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Gary W. Krach 13 Glenmore Ave. Balto. Md. No 212-01-5009 18 CAUSE OF DEATH (Enter only one couse per line for (of). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o CONSEQUENCE.O Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 8/ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFFITHER NOTIFY MEDICAL EXAMINERS P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (I) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (THE CHANGE 228 ADDRESS Max C. Frank, M.D. 7575 Ritchie Highway S.E. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL Maryland Burial Jan. 15, 1983 Parkwood Baltimore 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

BP.

DHMH - 16 50M 4/B2 (VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore. Md.

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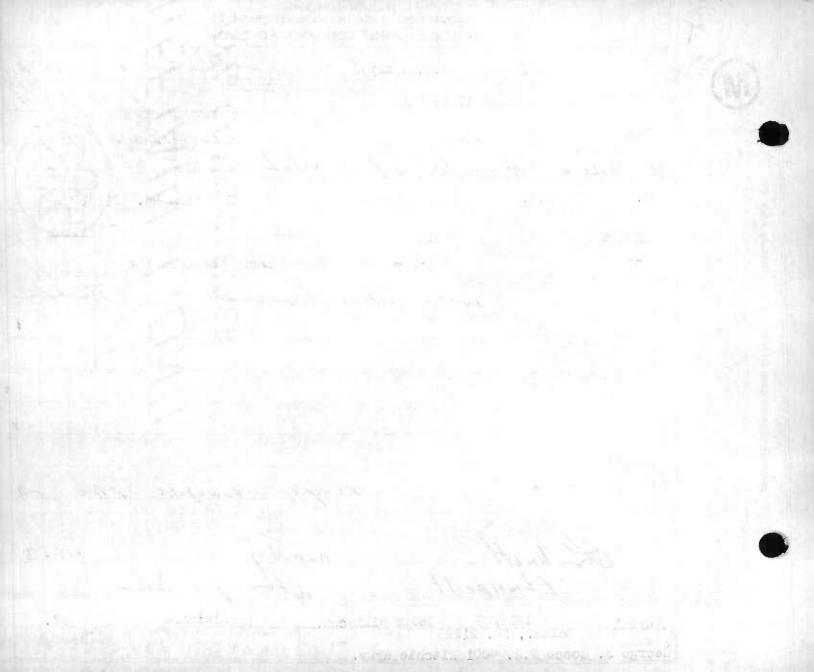
Nar G. Frank, 11.0. 7375 Bitchie Birdamy S.B.

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Locator J. Ruel, Inc. Editione, 13. , 156 155 155 15

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-(A.K.A.Mary DEATH MATED 10 83 INDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) 29 PRONOUNCED March 19 53 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED TENEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED [DIVORCED IL CITY OF TOWN OF DEATH OR INDUSTRY II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 12b. FOR MOST OF WORKING LIFE) Housewife UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. 136 COUNTY Glen Burnie 34 INSIDE CITY LIMITS? 13e STREET ADDRESS A.A. 212 Shana Rd. NO K (21061) 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST Ursel Miller Albert White 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 295-24-4824 Thomas Lacev (same as 13e) PPECEMATE PITERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE SEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A HEALTH CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? BUR YES NO K 器 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE NOT WHILE EXECUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinion death resulted fram Accident Undetermined manner Natural causes Hamicide TITLE (SPECIFY ACTUAL DATE 1.17.53 SIGNATUT EXAMINER'S NAME (TYPE OR PRINT) 23g BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) Baltimore Cedar Hill BP 2967REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) George J. Gonce F.H. 4001 Ritchie Hgwy

15M 2/80

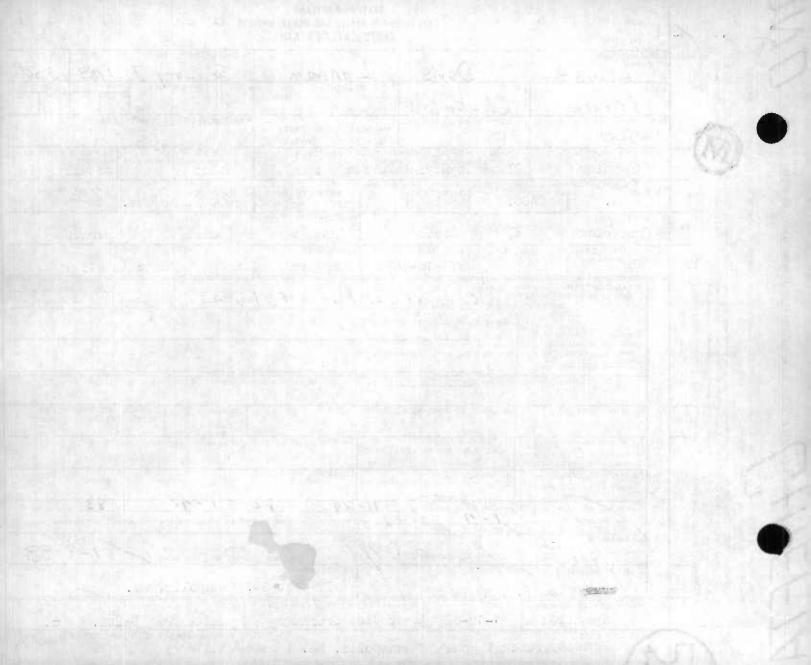


STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-LAY IS NECESSARY, PLEASE DITHE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. PLES. WITHIN 72 HOURS W. PRESTON STREET. DEATH MATED 1083 Michael Laughery 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. 74 HOUR 3 SEX IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED 8:00 1083 White 57 25 DEAD 6 Male 10 D. M JE BIRTHPLACE (STATE OF **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED FOREIGN COUNTRY! Anne Arundel County, Marvland WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 170. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
195 Continental Drive FOR MOST OF WORKING LIFE) Repairman T.V. Glen Burnie ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md Brooklyn 112 W. 2nd Ave. (21225)YES [NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Laughery Stella Burack Donald M. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT DIVISION LYES, NO. OR UNKNOWN) HE YES GIVE WAR OR DATES! 214-76-28,18 Donald Laughery (same as No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). CHEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Shotgun Wound of Head IMMEDIATE CAUSE (a) OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? (head only) EXECUTE THE CERTIFICATE, WRITING THE WORD "PROCE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES XX NO [TING THE VED TO THE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 19 83 subject shot himself 6 CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 71d INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.I 195 Continental Dr. Anne Arundel Co. Md. Home (head 27a. I certify that I took charge of the remains described above. on ly) Autopsy XX Inspection Inquiry ond in my opinion Suicide XX Homicide Undetermined monner Natural couses TITLE (SPECIFY) 1-7-83 DATE Assistant Dennis F. Smyth, M.D. III Penn Street EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION COUNTY Md. Burial 1/10/83 Meadowridge Memorial Howard Md. 24 FUNERAL DIRECTOR Balto. 250. DATE REC'D. BY REGISTRAR 186 REGISTRAR'S SIGNATURE **DHMH - 17** Gonce F. H. 4001 Ritchie Hgwy (VR A15 ME (5))

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ed for	(TYPE	CEASED NAME PRINT)		115	BERMAN	2s. DATE OF	1-23	7-83 8	P M
ge 4 me ectar, urs afte	3. SE.	FEMALE	4. RACE WHITE	5. DATE (MONTE	H DAY YEAR	-	EARS LAST BIRTHOAY) YRS.	MONTHS DAYS HOL	NDER 24 HRS
ler death. Po the funeral dii within 72 houre.		RTHPLACE STATE OR FOREIGN COUNTRY) ARRYLAND	UNITED ST	1	D NEVER MARRIED DONORCED	9. BALTIMO	RECITY OR COUNTY		MD.
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quires that the death certificat signed by the attending physichen please remove carbonpap to burial, cremation, or removal niury, or other traumatic event, in	NC	PART 1. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A	CONSEQUENCE OF	yococlis attorone NOT RELATED TO THE TEL	ala Junta	ordinon GIN	/EN IN PART 1(0	
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IYSICIAN ding phy: s certifics ouriol-tro Mental H	MEDICAL CE	218. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED	HOUR A.M. M P.M. 210. PLACE OF INJ	NONTH DAY YEAR 19 URY	21c. HOW INJURY OCCU	JRRED (ENTER NAT			
IITAL OR ATTENDI by the hospital or ERAL DIRECTOR: A c detached for use State Dept. of Heal	ME	WHILE AT WORK 22a.1 certify that (1) (this haspi saw the deceased alive an abov. (1) included did no 22b. SIGN ATURE	tol) attended the dece	1 19 82 0	DEGREE ATTENDING PHYSICIAN 22e ADDRESS		STAFF	19 Se, that or and from the cause 224. DATE SIGN	es stated
		BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATOR		0.0.1.0	COUNTY	STATE
BP DHMH - 16 50M 4/B2 (VRA 15, 4)	10	DURIAL JNERAL DIRECTOR BERT S. BARR	JAN. 29,19 ANCO	501 RITO SEVERNA PR	HIE HWY.	JAN 3 1		THE ARUND	il MD

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(VRA 15, 4)

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	' '	STATE REGISTRAR		CERTIFIC	CATE OF DE	HIA	REG.	NO.	
Ī		CEASED NAME FIRST	MIDDLE	LAS	ST		20. DATE OF DEATH		DAY YEAR
	11111	MARY	C.	LO	NG	3000	Jar	youry	1383
3	3. SE		4. RACE	. S. DATE OF			6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR
1	1	Female	White	MANTH	3,	702	80	YRS.	
10		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8. MARRIED	□ NEVER MA	ARRIED TO	9. BALTIMORE CITY	OR COUNTY	OF DEATH
34		laryland	U.S.A.	WIDOWED		ORCED		Ann	
10	E	ty or town of death	11. NAME OF HOSPITAL, PEGSON	LIVING	CONV.		120 USUAL OCCUPA (TYPE OF WORK FOR MOS Secretar		industry Casual
S. See	13a. S	AL RESIDENCE LIF NURSING HOME OF TATE 136 COU	NTY 13c. CITY	or town imore	13d. INSIDE CIT YES [Y LIMITS?	3. STREET ADDRES 506 Park	sley A	venue 2
16	14. FA	THER'S NAME Robert		Long	IS. MOTHER'S	MAIDEN NAM IRST [da	Mae Mae		Dani
11		AS DECEASED EVER IN U.S. A		AL SECURITY NO.	17. INFORMAN	IT	ADD	RESS	
1	[7	ES, NO 1980 NKNOWN) (IF YES, G	212-	10-3750	Barbara	a Long	4821 Rou	ndhill	Rd. 21
		Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO OR AS A CO	nant:					
	2	gave rise to immediate	DUE TO, OR AS A CO	naniti	RSCUI				EN IN PART 110
	TIFICATION	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	nant	NOT RELATED T	O THE TERMIN	20a. AUTOPSY?	20b. IF YES	EN IN PART 100
	CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO (c) PSC CONDITIONS CONTRIBUTION 19b. CONDITION FOR 19b. TIME OF INJURY HOUR A.M. MON	INSEQUENCE OF STATE O	NOT RELATED T	MED	20g. AUTOPSY?	20b. IF YES	S, WERE FINDIN YING CAUSES
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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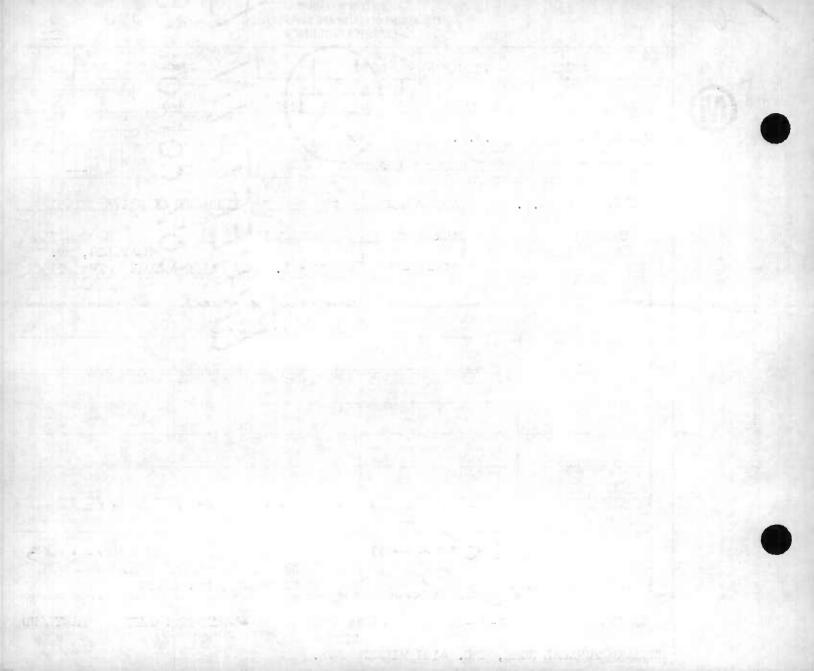
(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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Cully Funeral Home of Pasadena

(VRA 15, 4)

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Or we'c	ME	WHILE NOT WH			EET FACTORY, OFFICE		STREET	CITY OR T	OWN	COUNTY STATE
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	23a B	SURIAL, CREMATION,		36 DATE 1/21/8		NAME OF CE	metery or crematory re National C	23d LOCATION enetery	Baltimor	Md. STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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Bruzdzinski Funeral Home

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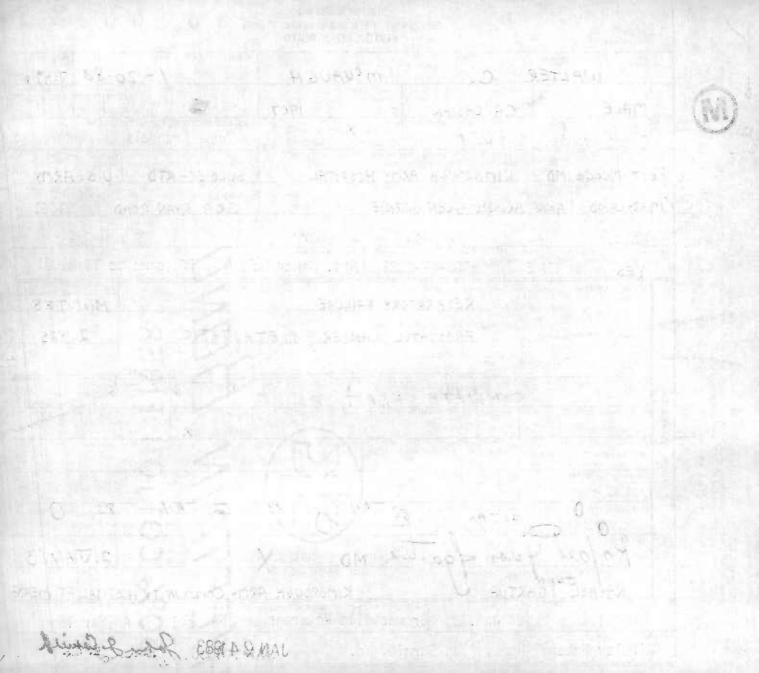
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MD. 21061

(VRA 15, 4)

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N.		URIAL, CREMATION, SPECIEY) Burial		236. DATE 24 Jan.	.83			11e Ve	terans	23d LOC	ATION Y OR TOWN OWNS V			yland
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mal		REGISTRAR					REG. N			
\mathcal{A}		CEASED NAME	7 FIRST	MIDDLE	LA	ST	20. DATE OF DEATH	MONTH DAY	YEAR 26 H	OUR 3
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od ', bo	3. SE	X	4 RACE		5. DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BI	THDAY] IF UN	NDER 1 YEAR IF UN	NDER 24 HRS
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Poor dir		RTHPLACE (STATE OR F	OREIGN 76. CITIZEN	OF WHAT COUNTRY	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
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the full with	10 C	ITY OR TOWN OF DEA		OF HOSPITAL, NURSI		ROTHER INSTITUTION	12a. USUAL OCCUPAT		26. KIND OF BUS	INESS OR
100	A	UNADO lis	1/2	E ARUNDE	GEN	eval Hossit	Col. (re	id)	U.S.A.F.	
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d col		VAS DECEASED EVER		ES? 166 SOCIAL SEC		17 INFORMANT	ADDR		fton, Md.	
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or use of Heo		sow the decease		ed the deceased from.	83	d that in (my) (aux) opinio	dooth assured and the	, 17	, 11101	(I) (ww) lost
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TO FUNERA should be de with the Stot		Michael	N. Pete	15		2510 RIVA	- Kd. An	napolis	MD 2	1401
<u> </u>	230.	BURIAL, CREMATION,				METERY OR CREMATORY	23d. LOCATION	1 (6)	NNTY	STATE
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0			MARY	MYRTLE	MOATS	JANUARY	25, 1983 1010	20.4
9		3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAT	MONTHS DAYS HOURS	MIN,
	1	7a. B	FEMALE RTHPLACE (STATE OR FOREIGN	WHITE 76 CITIZEN OF WHAT COUNTRY?	OCT. 10, 1900	9 BALTIMORE CITY OR CO		
1/	12	-	MARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED X DIVORCED		JNDEL COUNTY	
-		10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS	MD.
Second S.	54		GLEN BURNIE	NORTH ARUNDEL		THOUSEWIFE	PRING LIFE) NOUN HOME	
orderest his	35	13a S	ARYLAND 136 COUN	other institution give residence before ITY • A • 136 CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1342 AVA	(21144) ROAD	
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NOWS ONY	9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20h YES NO NO	EF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO	?
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IMPORTANT: I	1		22d. PHYSICIAN'S NAME (TYPE OF		22e ADDRESS 20	5 BALTIMORE-A	NNAPOLIS BOULEV	ARD
×		23a. B	URIAL, CREMATION, REMOVAL	23b DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION		_
/8			BURIAL NERAL DIRECTOR A	abol G		PK . ELKRIDGE E REC'D. BY REGISTRAR 256.		D.
, 0			SINGLETON FI	UNERAL HOME	MARYLAND JAN	271983 %	an & Couriel	

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160 WAS D	ECEASED EVER IN U.S. AR OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)		IAL SECURITY N		rege E. I	Pinkne		ADDRESS			tland.
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1	SEX 4. RA	M	ATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY) 60 YRS.	MONTHS		HOURS		RONOUN DEAD	CED	MONTH	DAY	YEAR 1955	2d. HO
50	Maryland		US.	A		WIDOWE		DIVORC	ED 🗆	ANN	CAR	OR COUN	11		19
34	CITY OR TOWN OF DE	1	NAME OF HOS (IF NOT IN SUCH F)	HRUN	de L	DROTHE Ten	RINSTITUT	LION	FOR M	AL OCCUP OST OF WORK		YPE OF WORK		ND OF BUS NDUSTR	SINESS
JS1 13a.	ual residence (if in n . state Maryland	13b. COUNTY Anne Ar		13c. CITY O	R TOWN		13d. INSIDE CI Yes 🗌	TY LIMITS?		ET ADDRE	ss Bay F	ront	Rd.	277	9
	Richard	ме		Mul	st Len		Ma	RST	EN NAME	MI	DDIE			lace	
184	WAS DECEASED EVER (1955 NO. OR UNKNOWN)	FIN U.S. ARMED I	FORCES?	16b. SOCIA	AL SECURITY N	10.	Mary		allac	e	ADDRES	acys	Land	ing.	Md
TATION	PART 2 OTHER SIGNIFICA	NT CONDITIONS <u>contr</u>	(c)	R AS A CONSI	D TO THE TERMINA			71	RT 1 .a				20. A	UTOPSY?	
CALCERTIFICATION		OR .		A. MONTH D	DAY YEAR	21c. HO	W INJURY	OCCURRE	D (ENTERN	ATURE OF INJI	JRY IN ITEM 1:	8 PART 1 OR P.		res 🗆	NOA
MEDICAL		RED	21e PLACE	OF INJURY	(AT HOME,	21f LOC ST	ATION			CITY OR TOW	VN.	C	OUNTY		STATE
2	220. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAMI	Exm		Accident [, held on , Suicie	M.I	Homic TITLE (SE	PECIFY)	Undete	Inquiry rmined mo CAL EXAM	nner 🗌	DATE SIGN		4-8	83
	BURIAL CREMATION,	REMOVAL 236. D Jan	0 0-		ME OF CEME	TERY OR	CREMATO		Lot			Arun		Md	ATE
-	pencer E. S	Sewell :	Box 31,	PRINC	E FRED	ERIC		JAN	A	registral	R KSY REC	GISTRAR'S	SIGNATI	ure	

The state of the s in Indiana company of the company of Compared to the control of the contr

K	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEA	OF MARYLAND LLTH AND MENTAL HY ATE OF DEATH	GIENE 8 3	0	0 1 9 2
A may be page 3 deoth		CEASED NAME FIRST ORPRINTS CAROL X F = M & I F	- W. /) US. 5. DATE OF MONTH	SER	6. AGE (IN YEARS LAST BIR)	MONTH DAY	YEAR 26 HOUR ON THE STATE OF TH
er death. Poge e fureroit	I	RTHPLACE STATE OR FOREIGN TOUNTRY ND: ANA TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY WN ITED STATES 11. NAME OF HOSPITAL, NURS	MARRIED WIDOWED		9 BALTIMORE CITY O ANNE A	FRUND	0
in 24 hours ofter y filled in by the hould be filled wi	130 130	LINAPOLIS AL RESIDENCE LIE NURSING HO STATE ARYLAND HAME	FIND IN SUCH FACILITY, GIVE STRE ANE ARUND FOR THE INSTITUTION GIVE RESIDENCE BEFORM 13, CITY OR TO ARUNDEL SCYFRIM	PARK 15	Bd. INSIDE CITY LIMITS? YES NO X	CONSULTAN 13e STREEL ADDRESS , 5 BEACH	- 4	DATA PECCESSIN 21146
e executed within n and campletely Pages 1 and 2 sh medical exeminer	16a V	THER'S NAME FIRST FUGENE VAS DECEASED EVER IN U.S. A RES, NO OR UKNOWN) (IF YES, G	OBERT WES RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 308-46	CURITY NO. 1	NORMA T. INFORMANT	MAE MAE ADDRE		JUDAY AS 13)
ow requires that the death certificate been signed by the attending physicia mit. Then please remove carbon papers, prior to burial, cremation, or removal.	CERTIFICATION	18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS IMMEDIA. Conditions, if ony, which gove rise to immediate cause 10% stating the underlying couse lost	nly one couse per line for (a), (b), ce DBY: TE CAUSE (a) PILEUM DUE TO, OR AS A CONSEQ	UENCE OF UENCE OF DEATH BUT NO	Celas OCCI S Nose DI RELATED TO THE TERM DIK LENGE	SCANINAL DISEASE OR CONE 200 AUTOPSY	DITION GIVEN II	approximate interval BETWEEN ONSET AND DEATH 3 W/TS 3 W/TS 9 MWS
TO HOSPITAL OR ATTENDING PHYSICIAN: The Icretained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene, with the State Dept. of Health and Mental Hygiene.	MEDICAL CERTIF	saw the deceased alive a	ATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE ital) attended the deceased from	PARM, ETC) PARM, ETC) PARM, ETC) PARM, ETC) PARM, ETC)	11 LOCATION STREET 1982 that in (our) opinion GREE ATTENDING	VES NO CHER NATURE OF INJUR CHY OR TOV death accurred on the da MEDICAL STAF DRECTOR PHYSIC	YES	OR PART 2) COUNTY STATE State (we) lost
BP		URIAL CREMATION, REMOVA SPECIFY BURIAL UNERAL DIRECTOR NAME BERT 9. BARRA	JAN. 24, 1983 V	NAME OF CENT ICLETT OI RITC VERNA PA	CEMETER LITE HOY TO A	AND THE PROPERTY OF THE PROPER	6 ELI	CHART IND.

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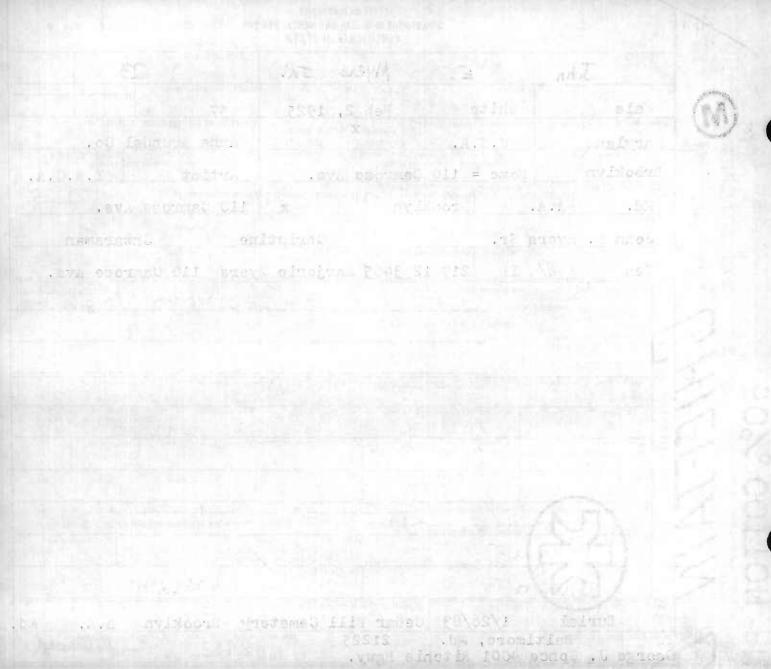
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/78



APT	1 - 5	OR TATE EGISTRAR	DEI	STATE OF MARYL PARTMENT OF HEALTH AND CERTIFICATE OF I	MENTAL HYGIEN	REG. NO	0	0 1	9
e, €	I. DECE	ASED NAME FIRST	MIDDLE E.	Myers	JR. 20	. DATE OF DEATH	MONTH DAY	YEAR 26	. HOUR
deoth deoth	3. SEX	John	4 RACE			AGE (IN YEARS LAST BIRT			UNDER 24 HE
		ale		5. DATE OF BIRTH	YEAR	AGE (IN TEARS LAST BIRT	MONT		OURS MI
M)		HPLACE (STATE OR FOREIGN	White		925	57 BALTIMORE CITY O	YRS.	DEATH	
25	COL	INTRY)		MARRIED NEVER	MARRIED L	_		-	
fied of		ryland OR TOWN OF DEATH	U.S.A.	WIDOWED DI	VORCED 12	Anne Ar		CO .	USINESS
00	Br	ooklyn	(IF NOT IN SUCH FACILITY, GIVE	Camrose Ave	(1	Artist		NDUSTRY	
9 6	USUAL	RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)					C.A.
36	130. STA	d. A.A		klvn 13d Inside C		STREET ADDRESS	ose Av		225
Je .		ER'S NAME		15. MOTHER'	S MAIDEN NAME		OSE AV	E .	
1270	.T.	ohn E. Mver	s Sr.		hristin	WIDDLE	Churo	LAST TO CO	
000	16s. WA	S DECEASED EVER IN U.S. AF		L SECURITY NO. 17. INFORMA		ADDRE		rzman	
medico	YES		W II 219	12 3465 Marj	oria Mar	ers 110	Camro	se Av	
emovol.		. CAUSE OF DEATH (Enter of			OITE My	CID TIO	Vallitu	APPROXIMAL BETWEEN ONS	
to burial, cremotion, or r injury, or other troumatic	P	gove rise to immediate cause (a), stating the underlying cause lost. ART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON	SEQUENCE OF	TO THE TERMINA	L DISEASE OR COND	DITION GIVEN II	N PART 110	
on y	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION WAS PERFO	DRMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	CAUSES OF	S USED DEATH?
Mentol Hygiene or frem 18 shows		O. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	JURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
T He	~ _	EIF EITHER NOTIFY MEDICAL EXAMINE d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f. LOCATR	ON				
ond		WHILE NOT WHILE	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC) STREET		CITY OR TOV	VN	COUNTY	STATE
marked	_	Ro. I certify that (I) (this hosp	ital) attended the deceased	from	19	. to		EJ tho	t (1) (we)
of He 21 is		sow the deceased alive or		1-2	(our) opinion deo	th occurred on the do	te and hour and	from the cou	ses stoted
p t e	2	26. SIGNATURE	ot) view the body ofter death.	DEGREE		/		22c. DATE SIC	SNED
Z T. I		1-16	ut		ATTENDING PHYSICIAN D	MEDICAL STAF	FIAND		
10 5	2	d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRES	SS /			73.1	
with the Stote D		() (On	its	61	5 HAM	MUNDSL	ANG		
× ×		RIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR		23d. LOCATION			
arro4		Burial	1/26/83	Cedar Hill		y Brook		A.A.	STATE
244.4782	24 FUN	ERAL DIRECTOR Balt	imore, Md.			C'D. BY REGISTRAR			
50M 4/82		rge J. Gonc	e 4001 Ritc	DRESS		241983 I	10 am	in which	WH



12	1-	FOR • > STATE REGISTRAR		DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	S REG. NO.	0 0	98
		CEASED NAME FIRST	MI	DDLE	L.	AST	20. DATE OF	DEATH MONTH		h HOUR
2 5	11116	CHAF	RLES	E.	N/	ASH		1 -	1- 83	2:202
11	3. SE	(4. RACE		5. DATE C			ARS LAST BIRTHDAY)		F UNDER 24 HRS
1		MALE	White		MONTH 4	27 1895	87	YRS		MIN.
ė		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	B.	NEVER MARRIED	9. BALTIMOR	E CITY OR COUN	TY OF DEATH	
135		MARYLAND	U.S.A	1.	WIDOWE		Ann	e Arundel		MD.
	10 C	TY OR TOWN OF DEATH	11. NAME OF HO		G HOME C	ROTHER INSTITUTION	12a. USUAL O		126 KIND OF	BUSINESS OR
54		Glen Burnie		Arunde		oital		Worker	Weldi	nq
of the	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU	ROTHER INSTITUTION G	IVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET A			
36	, , , ,		.A.	Glen Bu		YES NO X			Rd. 2106	
ine	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN N		MIDDLE	LAST	
20		John	H.	Nash		Mary		E.	Mete	r
		AS DECEASED EVER IN U.S. AL	MED FORCES?	66. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
medical	(,	res, no or unknown) (# Yes, Gi	VE WAR OR DATES)	213-01-19	550	,Marie Nash		same as	13	
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE				4.			APPROXIM. BETWEEN ON	ATE INTERVAL
event, the			D BY: TE CAUSE (a)	HERVI		There			with	7
		4140		A CANSEQUE	NCE OF	7	Ser		110	
traumatic		Canditians, if any, which	(b)	Johan	16 6	woho hyo	PAVAY		Sta	n
er tro		gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSTOLE	NCE OF A	1 6	PX	1	110-	
other		underlying cause last.	1000	(Inn 1)	46	Wanny W	thy Du	still_	Han	1
الم. و	.,	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION C	IVEN IN PART To	
any inju	CERTIFICATION							Television		
huo smo	S	190. DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20e. AUTO	IN CER	ES, WERE FINDING	F DEATH?
shows	E		7 101 7115 05	In the order		Tay How bulley occur	YES 🗌	NOO	YES 🗌	ио 🗆
8	_	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		INJURY . MONTH DA	YEAR	21c. HOW INJURY OCCU	RRED (ENTER NAT	URE OF INJURY IN ITEM I	B PART I OR PART 2)	
E /	S	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M		19					
ō	MEDICAL	21d. INJURY OCCURRED	21e PLACE O	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
morked	1	AT WORK AT WORK			14	120 6	-)	1-1	P.	
ž Ž		220.1 certify that (1) (this hosp	(- 1	deceased fram	10	19 0	, ta	1-1		nat (I) (we) last
1216	1	saw the deceased alive a		Her death.	, ar	nd that in (my) (aur) opinia	n death accurred	I an the date and h	aur and fram the co	iuses stated
If them		The SIGNATURE	06)/1	110		DEGREE ATTENDING	MEDICAL _	STAFF	22c. DATE S	IGNED
====		At Vary 10	INV	VWL		PHYSICIAN	DIRECTOR [PHYSICIAN _	1-1	-07
IMPORTANT: IF		THE PHYSICIAN'S NAME ITHE		1)_)	22e. ADDRESS				
MPORTANT		HILARY O'H	ERLIHY	M.D.		325 HOSP:	ITAL DI	KIVE GLE	EN BURNI	E, MD.
≥	230.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. h	AME OF C	EMETERY OR CREMATORY	23d. LOCA	TION	COLON CALL	w.
		Burial	5 Jan	. 83 G1	en Ha	ven Mem. Pk.	Glen	Burnile	A.A.	MD.
4/82	24. F	UNERAL DIRECTOR		ADDRESS		25a. DA	TE REC'D BY	BISTRAR MEG	ISTRAR'S SIGNATU	RE
		James S. Kirkl	ev F.H.		rnie	MD. JA	'IN			E SILCHE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME Jack Norris 20. DATE KNOWN (TYPE OR PRINT) ESTI-Thomas DEATH MATED NORRIS 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED white 3-27-26 56 YRS DEAD 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED [DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Hardware Store Self Emp. 21061 3m STATE 103 Poplar Avenue 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Anne ArundelGlen Burnie NO X 15. MOTHER'S MAIDEN NAME Gladys Milton Dunlap Norris ADDRESS Same as 13 6g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT -WIFE-(YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Mrs. Charlotte M. Norris 216-20-7690 Yes W.W. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROJIMATE INTERVAL PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE IMMEDIATE CAUSE (o), DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO VRITING THE WOR ARDED TO THE CH GE 3 SHOULD BE L TE DEPARTMENT C 201 PRIOR TO BUE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Accident Homicide Undetermined monner GE 4 SHOULD B TITLE (SPECIFY SIGNED 19.53 DEATH. EXAMINER'S NAME WHARAT (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 12'Jan. 83 Glen Haven Mem. Pk. Glen Burnie, A.A., MD. BP Glen Burnie 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH-17** FUNERAL HOME MD. (VR A15 ME (5)

15M2/80

STATE OF MARYLAND





















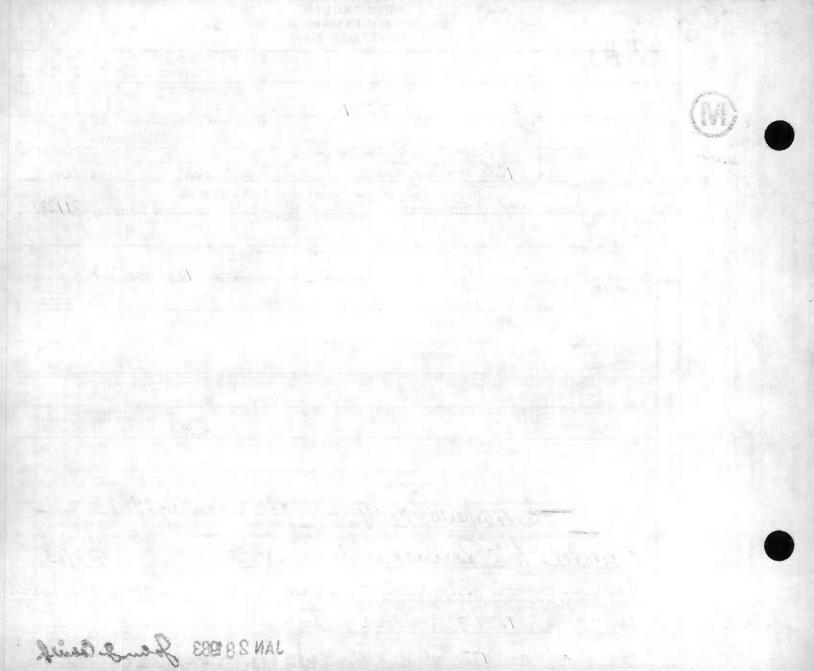












7	1-	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. N	0 0	203
		CRASED NAME FIRST OR PRINT) FLLEN	MIDDLE	(AST	20. DATE OF DEATH	MONTH DAY YEA	10.110011
	3. SEX		I4. RACE	OWENS 15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	, 40	, 00
		EMALE	CAUCASIAN	MONTH OAY YEAR 3 - 7 - 19	6 AGE TINTEARSTAST OF	3 YRS.	
5	Ja. Bl	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	RUNDEC	
53	10 CI	NAPOLIS	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	126 USUAL OCCUPAT TYPE OF WORK FOR MOST O	ION, 126. KIN	D OF BUSINESS OF
25	USU/ 13a. S		ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	I 13d. INSIDE CITY LIMITS?	130 STRET ADDRESS	DAN DR	21012
20	J. FA	THER'S NAME PIRST ANIEL C	MIDDLE K TAYLOR	15. MOTHER'S MAIDEN N	WIDDLE	Dixon	LAST
medico			RMED FORCES? 166 SOCIAL SECTION OF WAR OR DATES) 220 67	7795 EMORY C.	OWENS	# 13	
Office Producting the		Conditions, if ony, which gove rise to immediate couse io), storing the underlying cause lost.	DUE TO, OR AS ONSEQUED	e. Ulperond	Peroni		
nlony, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	110
l ows ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	
9		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	7)
L L	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	PARM, ETC.) 21f. LOCATION STREET	CITY OR TO	COUNTY	STATE
ZII SI 17			ital) attended the deceased from 19 19 19 19	63, and that in (my) (our opinion	, to 25	ate and hour and from	the couses stated
п неш		226. SIGNAFORE	Mone	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	5 Yours
7		22d. PHYSICIAN'S NAME TYPE	D	ue 171 WEST	de A	2.1.	Mr

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

BURIAL, CREMATION, REMOVAL

236. DATE

JAN 3 1983

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SEVERNA PARK, MD

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(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	1 -	STATE REGISTRAR				CERTIFI	CATE OF DI	ATH	REG. N	0.		EST	
		CEASED NAME	FIRST	N	NDDLE	LA	.51		20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	,
2			JRTIS	(n	mn)	PENNIN	GTON		JANUARY :	11, 198	3	3:14 7	Λ
	3. SEX	Male	4.	RACE Whi	te	5. DATE O	DAY	1 901	6. AGE (IN YEARS LAST BIR		JNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	-
I		RTHPLACE (STATE OR FOI COUNTRY) Virginia	REIGN 7	CITIZEN OF V	·A ·	8. MARRIED WIDOWEI	NEVER M	ARRIED ORCED	9. BALTIMORE CITY C ANNE ARUI			M	D.
54	10 C1	TY OR TOWN OF DEAT LEN BURNIE	н 1	(IF NOT IN SUCH	OSPITAL, NURSI HEACILITY, GIVE STREE ARUNDEL	T ADDRESS)		TUTION	170. USUAL OCCUPAT (TYPE OF WOP" FOR MOST OF Min	OF WORKING LIFE)	INDUSTRY	Mine Mine	
35	13a. S	Maryland	G HOME OR O 3b COUNT A • A	Y	GIVE RESIDENCE BEFORE 136. CITY OR TOVE BY	WN .		NO 🔼	309 Marg	ate Dr	2106: ive,	1)	
20	14 FA	Samue1	AA1	Pen	ningto	n		MAIDEN NAM IRST OPENC	MIDDLE		B1	evins	
1		VAS DECEASED EVER IN	(IF YES, GIVE Y		166. SOCIAL SEC	URITY NO.	17. INFORMAN	· -wi		Dai	ne As	# 13	
	Z	Conditions, if only, gove rise to imme couse (a), stating underlying couse	which ediate the lost.	DUE TO, OR (b) DUE TO, OR (c)	R AS A CONSEOU R AS A CONSEOU	JENCE OF	NOT RELATED	Her	ant Sistes NAL DISEASE OR COM	UL LIDITION GIVEN	73	MATE INTERVAL NASET AND DEALM COLUMN	
9	CERTIFICATION	190 DATE OF OPERATIO	ON	19b. CONDI	TION FOR WHICH	H OPERATION	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN	NG CAUSES	IGS USED OF DEATH? NO	-
9		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	P./	M. MONTH E M.	DAY YEAR			ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	E 🗆	21e. PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE,	FARM ETC)	211. LOCATIO STREET	Ν	CITY OR TO	OWN	COUNTY	STATE	
		220.1 certify that (1) (1) saw 1): decease above. (1) yes (1):	d (did not)	view the body			DEGREE AT	TENDING HYSICIAN	death accurred on the death accurred on the death accurred on the death accurred on the death accurred to the	IFF CIAN []			-
		DAVID A.			.0.		22e. ADDRESS	7043	Oakwood Roa Burnie, Ma:		21061	3	
		BURIAL, CREMATION, R		23b. DATE		NAME OF CI	METERY OR C		23d. LOCATION				=
2		Buria UNERAL DIRECTOR NAME Singleto	1	14'Jar Muli meral			Hill (urnie	250. DATE	Brook RECED. BY REGISTRAN 1 3 1983	Ivn Dk	R'S SIONAL	A MI	١.

DHMH - 16 50M 4/82

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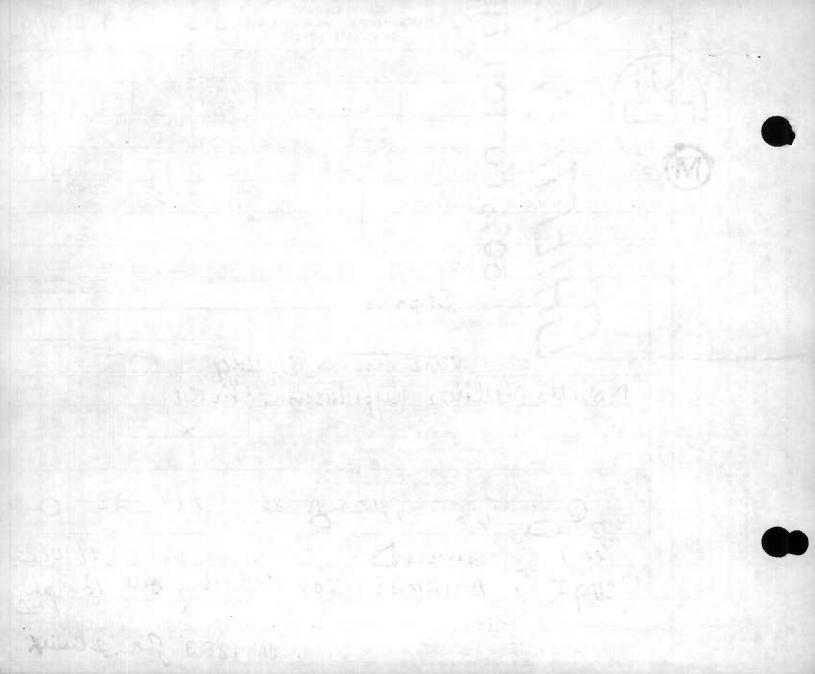
(VRA 15, 4)

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2		FOR STATE REGISTRAR					IEALTH AND MENTAL HYG	REG. NO.	0 0	20	6
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×	(IRTHPLACE (STATE OR E	OREIGN		WHAT COUNTRY	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR		/H	
	_	Virginia		USA		WIDOWE		Anne Arunde			MD.
A	100	ITY OR TOWN OF DEA	ATH	(IF NOT IN SUC	CH FACILITY, GIVE STRE	ET ADDRESS]	OR OTHER INSTITUTION	12a USUAL OCCUPATION		ND OF BUSINE	ESS OR
4		Annapolis AL RESIDENCE (IF NURS	100000000000000000000000000000000000000				Hospital	Housewife	Hous	sehold	
3	130 S	Md.	13b COUR AAC	VTY	13c. CITY OR TO Annapol	WN	13d INSIDE CITY LIMITS? YES XX NO []	13e. STREET ADDRESS @() 290 N.	Locust A	14Ø) ve.	
. 1		ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	
-/	I	Fitznugh	Le	e Ho	ood		Theresa		Roge		
	10	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRESS	S		
	1	No			578-22-	6319	Barbara Hyat	t Sam	e as #13		
100 3 1000	NOIS	Canditians, if any, gave rise to improve (a), stating underlying cause PART 2 OTHER SIGN 190 DATE OF OPERA	which nediate ig the last.	DUE TO, O	1100.	UENCE OF DEATH BUT	NOT RELATED TO THE TERM	Stroke.			
2	CERTIFICATION		NE Z			H OPERATO	N WAS PERFORMED	YES NOW	20b. IF YES, WERE FI IN CERTIFYING CAI YES []	USES OF DEAT	LH5
7		210. ACCIDENT WAS UND	-	218. TIME C	DF INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PAR	RT 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER	P.	Μ.	19					
	MEC	WHILE NOT WHEN AT WORK	ILE 🗍	21e PLACE	OF INJURY REET, FACTORY OFFICE	E, FARM ETC)	21f. LOCATION STREET	CITY OR FOWN	COUNT	ry 5	TATE
		220.1 certify that (1)	this haspi	11	le deceased fram	0	nd that in (my) (aur) apinian	, ta	e and haur and from	, that	e) last
1		abave, (1) we) (c 22b. SIGNATURE		Cla	m cw	nD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22ε. Ε	DATE/SIGNED	123
		22d Physician's	ME (TYPE O	1 SE	man	AS	205 Ru	dgely.	Aul.1	Jonne	b
	23a B	BURIAL, CREMATION,	REMOVAL	23b DATE		NAME OF C	EMETERY OR CREMATORY	234 LOCATION	COLINTY	V	20
		Burial		1-11-8	33 A1	rlingt	on Nat. Cem.	Arlingto		ngton	Va.
	24 FL	UNERAL DIRECTOR NAME Hardes	sty F	uneral H	Home ADDRESS	Annapa	olis, Md. JA	N 121983	John J	· Cabril	2

DHMH - 16 50M 1/81 (VRA 15, 4)

10 FUNERAL DIRECTOR , should be detoched for one with the State Dept of Hea



8	1-	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYI EALTH AND ICATE OF	MENTAL HYG		3 :G. NO.	0 0	2 0 / EST
		EASED NAME FIRST OR PRINT) TITT	THER	CHARLES		AST LID EV		20. DATE OF DEA		22, 198	26. HOUR 3 1257 AM
(M)	2 65 9	10.	I FILER	CHARLE	5. DATE C			6 AGE (IN YEARS)		IF UNDER 1 YE	
	3. SEX	Male	Whi	ite			1905	7		MONTHS! DAY	HQURS MIN.
The Popularies	C	THPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNT	RY? 8. MARRIEI WIDOWE		R MARRIED DI		ITY OR COU	NTY OF DEATH	
by the far illed with	10 CT	GLEN BURNIE	11. NAME OF	HOSPITAL, NUE	RESING HOME CORESSION HOS		STITUTION	12a. USUAL OCC {TYPE OF WORK FOR Farme	MOST OF WORKIN	126 KIND INDUSTR	of BUSINESS OR ry rming
AND 212 n 24 hour filled in nould be t	13a. S Ma		A . A .	13. CITY OR T. Ferno	Pale	YES 🗌	CITY LIMITS?	13. STREET ADDI	ist A	venue	21061
MARYL, ampletely ond 2 st		Herbert C.	larence	Pumph	nrey		r's maiden nam ff'ie	Eliz	abeth	Do	whs
IMORE, on and co		AS DECEASED EVER IN U.S. (IF YES	. ARMED FORCES? S. GIVE WAR OR GATES)	16b. SOCIAL S 217-03	ECURITY NO. 3-8535:	17 INFORM		nora Pú	mphre		me as ab
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The law requires that the death certificate be executed within 24 hours rathending physician. We have certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonappers. Pages 1 and 2 should be filled in by the and Mental Hygiene prior to burial, cremation, ar removal. On them 18 shows any injury, or ather traumatic event, the medical examiner must be in the content of the co		Read Section 18 Candistance of Part I. Death Was CA IMMEI Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, C	DR AS A CONSE		Ca.	Long			BETWE Z	OXUMATE INTERVALEN ONSET AND DEATH
L RECORDS, 20 In the law requires the law requires the law requires the law ple permit. Then ple prior to burit ows any injury, as	CERTIFICATION	PART 2. OTHER SIGNIFICAL Pa. DATE OF OPERATION	moder	ONTRIBUTING	they Do	slav		200 AUTOPS	20b. IF IN CE	GIVEN IN PART YES, WERE FIN RTIFYING CAUS	DINGS USED
SION OF VITA PHYSICIAN: Th ending physiciate this certificate the burial-transit ad Mental Hygicia	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEFETHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	F DEATH HOUR A	OF INJURY A.M. MONTH P.M. OF INJURY TREET, FACTORY, OFF	19	21c. HOW	TIÓN	ED (ENTERNATUR)	Y OR TOWN	18 PART I OR PART :	2) STATE
ATTENDING ospital or off eCTOR: After did for use as the off of us	4	WHILE NOT WHILE 12 220.1 certify that (1) (this h saw the deceased alive the saw that th	ospital) attended t	be deceased fro	9 - 1 , or	nd that in (m)	y) (aur) apinian	death accurred an	the date and		_, that (I) (we) last the causes stated
TO HOSPITAL OR retained by the H TO FUNERAL DIE should be detach with the State Dey MAPORTANT: If the		224 PAYSICIAN'S NAME IT	THE STREET	Why	ms	220. ADDRI	ESS 3:		TAL DRI	IVE, SUI	72 CF3
TO Horizon TO F	23a. B	DR. HTLA		IBRILIMY I	3c. NAME OF C			23d. LOCATIO		21061	
BP		Burial		Bridge Color Color	Cedar			Brook	Typ	A. A.	Maryland
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FU	Raymond C.			⁵⁵ Burn i	e, Mo	d. 250. JA	NES 4 198	BAR 29 MAE	STRAPS	Arboert A

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- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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APPROXIMATE INTERVAL

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22c. DATE SIGNED

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5 1.	FOR - STATE REGISTRAR	DEPART	REG. NO.	0 0 2 0 9 EST			
	CEASED NAME FIRST ETHEL	MILDRED	RICHARDSON	JANUARY 2	28. 1983 0930 AM		
3. SE		4_RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN		
	temale	White	Aug. 19, 1901	9 BALTIMORE CITY OR COUR			
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNT			
54 10.0	GLEN BURNIE	JIF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY		
USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13) COUN Anne	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) VN 113d INSIDE CITY LIMITS		u Drive, 21226		
0×27	Thomas F	middle Hook	15. MOTHER'S MAIDEN I	ana Helena	Klein		
	WAS DECEASED EVER IN U.S. AR		17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT	Lan, same as 13			
smoval.	TANALEDIA"	nly one cause per line for (a), (b), and (b) by: TE CAUSE (a)	ICULAR ARR	YTHMIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
atian, ar re traumatic	Conditions, if any, which	DUE TO, OR AS A CONSEOL	ENCE OF Acute N	lyo cardial 1	nfarcting		
other other	gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, ORAS A CONSEOU	ELICE AS	DIOVASCULATO	2 Duplan		
y, or	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/d +						
CAT	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	PAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM	N 18 PART 1 OR PART 2)		
MED ed or	21d. INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION	CITY OR TOWN	COUNTY STATE		
Health o	22a. I certify that (1) (this hospital) attended the deceased fram 128, 1983, to 128, 1983, that (1) (we) leads to the deceased alive on 128, 1983, and that in (my) (our) opinion death accurred an the date and hour and from the causes stated						
If Hem 2	above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 12c. DATE SIGNED						
with the State Dept.	22d. PHYSICIAN'S NAME TYPE	OR PRINT)	PHYSICIAN 22e ADDRESS	DOS EAST PATAPSCO	O AVENUE		
IMPORTA	SURVA P. MU		PALTIM NAME OF CEMETERY OR CREMATOR	RALTIMORE MARYLAND 21225			
230.	BURIAL, CREMATION, REMOVAL	1/31/1983 G	Len Haven Mem. Par	C SITY OR TOWN	Anne Anundel Md		
24 5	UNERAL DIRECTOR			DATE REC'D BY REGISTRAR 256	GISTRAR'S SIGNATURE		

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		X		34
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Beall-Evans Funeral Home 1212 West St. Annapolis

- STATE

LTYPE OR PRINTS

DHMH - 16 50M 1/81

(VRA 15, 4)

1. DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG NO

2h HOUR

12h KIND OF BUSINESS OR

NO [

STATE

COUNTY

22c. DATE SIGNED

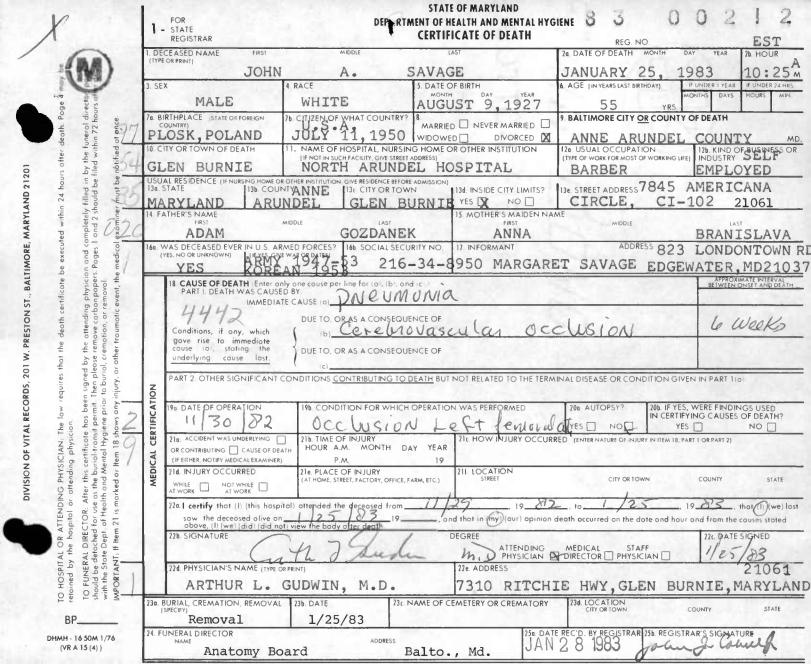
INDUSTRY

20. DATE OF DEATH

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		STATE REGISTRAR		MED	ICAL EXAMI	NER'S C	ERTIFICATE O	FDEATH	REG. N	١٥.		1
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TOR. FILES. OURS RREET,	3. SE)	(4 RACE	5. DATE OF BIRTH	6 AGE (IN)	EARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2ε. D.	ATE	MONTH	DAY YEAR	2d HOUR
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L RECORDS, 201 W. PRESTON UID BE EXECUTED WITHIN 24 "PENDING" IN PENCIL IN THE EN MEDICAL EXAMINER AGO ED AS A BURIAL - TRANSTER HEALTH AND MENTAL HYGIEN ALL EL PENCIN ON REMOVER	2	THAT E GINER S	TOME CONTROL	CONTRIBUTION TO GERTIN BI	OT HOT KEEKIEG TO THE TER	MINAL DISEASE	OK CONDITION GIVEN IN PAR	110				
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THE STATE OF THE S	1	EXAMINER'S	NAME T	homas D. S	mith. M.D.		ADDRESS 111 P	enn St.	. Balto	Md.	21201	
PAGE SAGE	23a B	1										
	130.0	DEC IEW		12 Jan. 83	Glen H	laven	Mem.Pk.		Burnie	coult	.A., N	MD.
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TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BATTER DEATH, WITH THE STATE DEPARTMENT AFTER DEATH, WITH THE STATE DEPARTMENT AFTER DEATH, WITH THE STATE DEPARTMENT AFTER DEATH OF THE STATE DEPARTMENT AFTER DEPARTMENT AFT	(:	EXAMINER'S (TYPE OR PRI) URIAL, CREMA SPECIFY) B1	NAME T NT) TON,REMOVAL Urial	12 Jan. 83	mith, M.D.	emetery or Haven	DESCRIPTION OF THE PROPERTY OF	hief MEDICALEX enn St.	Balto Burnie	, cou	21201 Y.A., N	



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lly Funeral Home of Pasadena

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

(VRA 15 (4))

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ν			STATE OF MARYLAND		
	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 0	0 2 5 EST
	1. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
1	ALBE	RT ADAM	SIDLOWSKI	JANUARY 21,	1983 2:30
(M)	3 SEX MACE	4 RACE Caucasian	Dec. 15. 1910	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS.	MONTHS DAYS HOURS MIN.
1 35	70. BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	COLINTY
by the filed with	10. CITY OR TOWN OF DEATH GLEN BURNIE		NG HOME OR OTHER INSTITUTION LADDRESS HOSPITAL	120 USUAL OCCUPATION (1879E OF WORK FOR MOST OF WORKING LIFT LONG Shoreman	12b. KIND OF BUSINESS OR
BALTIMORE, MARYLAND 2120: cate be executed within 24 hours is sicion and completely filled in by apers. Pages 1 and 2 should be filled in the medical examiner fayst be fail in the medical examiner fayst be fail.	Manyland Anne	PROTHER INSTITUTION GIVE RESIDENCE BEFOR	READMISSION) VN 13d. INSIDE CITY LIMITS? YES NO 1	130 STREET ADDRESS 414 Carvel Bea	
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be executed and control of the contr	160 WAS DECEASED EVER IN U.S. A (YES, MORUNKNOWN) (IF YES, G	IVE WAR OR DATES		Sidlowski Same a	
es that the death certificated by the attending phylose remove corbang prior), are auther traumatic even	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU (c) ARTERIO	OGENIC SHOC MYOLARDIAL	IN FARCTION ROIOVASCULAR	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir rottending physicion. ther this certificate has been sign as the burial-transit permit. Then the dorn Memtal Hygiene prior to b orked or flem 18 shaws any injury	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
SICIAN: The ng physicion certificate h rial-transing entol Hygier ltem 18 shave	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	
NO PHYS offer this of street this of street the hond Me	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY JATHOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
TTENDI ontol or TOR: A for use of Heal	saw the deceased alive a	n 1 2 19	3 and that in (my) (our) opinion	death occurred an the date and hou	19_83, that (II (we) last and from the causes stated
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TO HOSPITAL retoined by the TO FUNERAL should be detr with the Storie	SURYA P. M	UNDRA, M.D.	22e ADDRESS 20 BALTIMOR		AVENUE 1225
\(\text{9} \text{ \frac{1}{2}} \frac{	230 BURIAL, CREMATION, REMOVA	1 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	236. LOCATION	

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LLL BUNDRAL M.S. P. STREET

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FOR - STATE REGISTRAR	DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 3	0 0 3	2 6 EST
DECEASED NAME FIRST	MIDDLE		IAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
YPE OR PRINT) ELSIE	М.	S	MMONS	JANUARY	13, 1983	2:00P M
SEX 4	RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		
FEMALE	WHITE	MONT.	Ec. 11,1890	92	YRS.	HOURS MIN.
	CITIZEN OF WHAT COUNTRY?	8	- D MENER WARRIED D	9 BALTIMORE CITY C	R COUNTY OF DEATH	
Maryland	U.S.	WIDOW	D NEVER MARRIED	ANNE A	RUNDEL COUNT	Y MD.
CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME		12a USUAL OCCUPAT		OF BUSINESS OR
GLEN BURNIE	NORTH ARUNDEL		PITAL	(TYPE OF WORK FOR MOST OF		Y
UAL RESIDENCE (IF NURSING HOME OR O. STATE			113d INSIDE CITY LIMITS?			
Md.	Baltimo		YES X NO	1504 S.	Hanover St.	(21225)
FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	VIII-EN EN EN	
Derris	Horseman		Marga	ret	Henry	AST
WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166. SOCIAL SECUI	RITY NO.	17 INFORMANT	ADB	Stimore, Md	. 21239
(YES, NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES)		Robert L. S			
	one cause per line for (a), (b), and	lici)			Thinks:	DXIMATE INTERVAL N ONSET AND DEATH
PART I. DEATH WAS CAUSED	BY:	men al	arisenis	toling day	Water .	N ONSEI AND DEATH
2502 IMMEDIATE	CAUSE (o)	,, ,,				
	DUE TO, OR AS A CONSEQUE	NCE OF	armenis			
Canditians, if any, which gove rise to immediate	(b)					
couse (a), stating the underlying couse last.	DUE TO OR AS A CONSEQUE	NCE OF .	ti antis	melelen	Disease	
	((c) ween v					
PART 2. OTHER SIGNIFICANT CO	PLANTING TO D	<u>EATH</u> BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	110
19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	
	-			YES TI NOT	IN CERTIFYING CAUSE	S OF DEATH?
71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	-	1216 HOW INJURY OCCURE			
OR CONTRIBUTING CAUSE OF DEATH						
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION			
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OF TO	OWN COUNTY	STATE
22a.1 certify that (1) (this haspita	l) attended the deceased fram_		, 19	, ta		, that (I) (we) last

abave, (1) (we) (did) (did nat) view the bady ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS OAKWOOD ROAD, #107 JOSE M. PRESBITERO, M.D. BURNIE, MARYLAND 21061 GLEN

DHMH - 16 50M 4/B2 (VRA 15, 4)

ould be detached for use as the burial-transit permit. Then please re in the state Dept. of Health and Mental Hygiene prior to burial, cres

MPORTANT: If Item 21 is marked or Iter

24 FUNERAL DIRECTOR

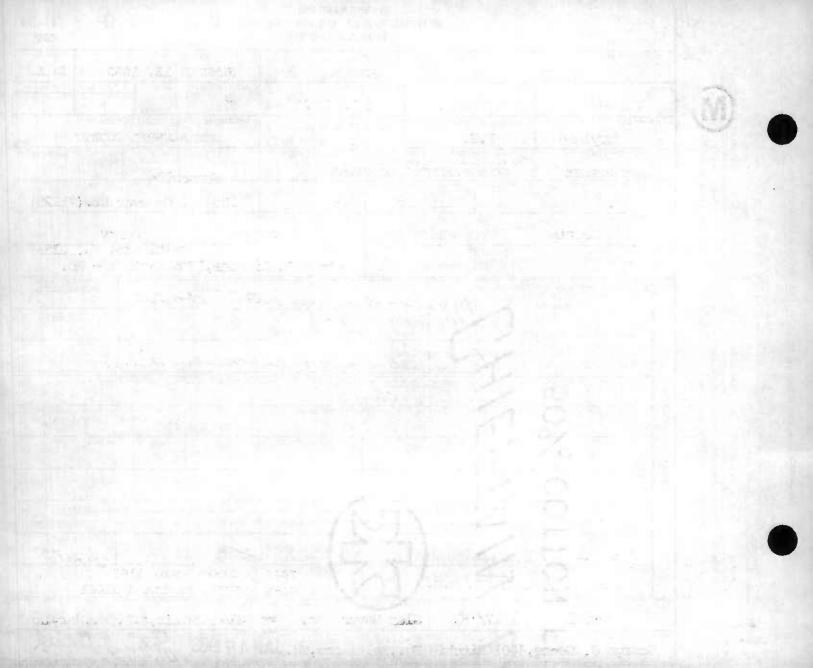
23a BURIAL, CREMATION, REMOVAL

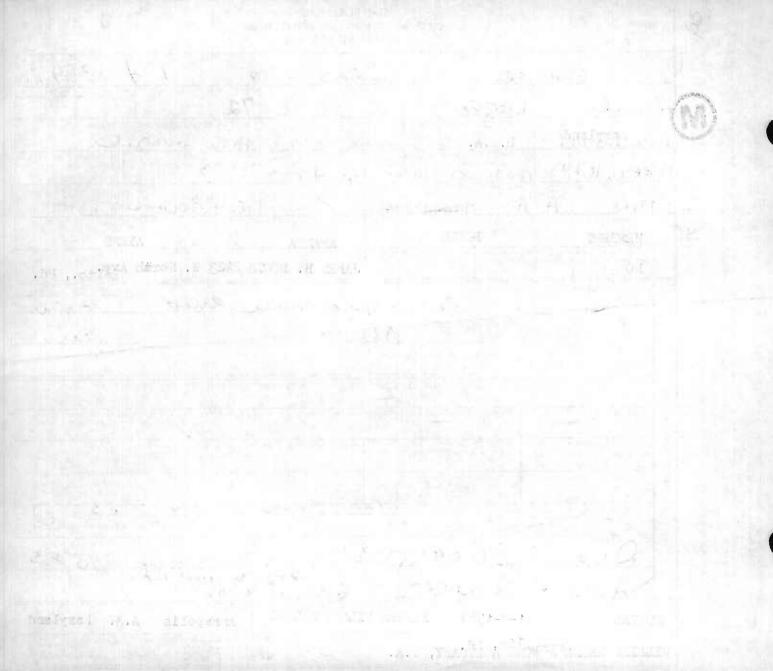
Burial

23b. DATE 1/17/'83 23¢ NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Park

23d LOCATION
Glen Burnie, A.A. Co., Maryland

George J. Gonce, 4001 Ritchie Hg., Baltimore, Md. JAN 1719





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MONTH	DAY	Y	EAR	7h HOUR	?

		REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.		EST
		CEASED NAME FIRST	MIDD	N.E.	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	(III)	MARGAR	ET	Α.	SMITH	JANUARY 17, 19	983	6:10 P
4	3. SE)	* Flural	4. RACE Wh	S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
-		inyland	USA	WIDOW	DIVORCED	ANNE ARUNDEL	COUNTY	MD.
4	G	LEN BURNIE	(IF NOT IN SUCH FAI NORTH	SPITAL, NURSING HOME (CILITY, GIVE STREET ADDRESS) ARUNDEL HOS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Ret. (ashier.	12b. KIND OF INDUSTRY Retai	BUSINESS OR
5	Ma	AL RESIDENCE (IF NURSING HOME OR STATE ryland 13b COLIN	A.Co.	e residence before admission) Pasadera	13d INSIDE CITY LIMITS?	787 Powhaten be	each Rd.	21122 Pasadena
Ó	I4. FA	ATHER'S NAME HOWARD -	WIDDLE	Baoun	15. MOTHER'S MAIDEN NAM	ME MIDDLE	Smi th	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	Siluxit	
9		YES NO PRUNKNOWN) (IF YES, GIV	2	00-24-4195	Mr. Frank Smi	th, Same as # 1	3	31.32
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	nly one couse per line DBY: TECAUSE (0)	for Oth, and is	Respusate	aunt	APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
		4140	DUE TO, OR AS	S A COMEDIENCE OF	ten feart	Vaclure		
9		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS	S A COTTLEGICATION	dustre 1	Leet desi		
			CONDITIONS CONT	PRINTING TO DEATH BUT	NIOT BY LAYED TO THE TERM	INAL DISEASE OR CONDITION G	DATE IN A DAME	
	<u>N</u>	Kum	cui	lus -	Lepette		2	
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDING IFYING CAUSES O	
2	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF IN	JURY MONTH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM IB		
	CAL	OR CONTRIBUTING CAUSE OF DEA	3111	MONTH DAT TEAK		THE REAL PROPERTY.		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF I	INJURY FACTORY OFFICE, FARM, ETC.)	211. LOCATION	CITY OR TOWN	COUNTY	STATE
×		27s I spatify that It (this hos	tal) attended the d	ecepsed from 12	13/12	1/17//	3	hot (I) (we) lost
		for the decement give for	it) view the body ofte	19	nd that in (my) (aur) apinion (death occurred on the date and ha		
		776/STOCKATHING	11 BBC		DEGREE	MEDICAL STAFF	22c. DATE S	IF/F?
		PHYSCIAMS NAME (1196	(T)	0	Inn. Aboutes	DIRECTOR PHYSICIAN Dakwood Road #20	05	10/03
O.		JURGE B. RAM	IREZ, M.D			Burnie, Md. 210		
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
-		Durial UNERAL DIRECTOR	Jan. 21, 1	983 Glen Ha	ven Mem. Park	Glen Burnie A	.A.Co.Ma	ryland
	Ma	Cald T	lome, Mt. &	Tickneck Rd	s. Pasadena JA	N 191983	TRAR'S SIGNAL	help

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

West and the land the first of the A Company of the state of the s the later was well and the set of Towns (Text was the contract) THE REAL PROPERTY OF THE PARTY Way Rolling Min of The state of the s

Annapolis, Md. 21401

REESE & SONS MORTUARY. P.A.

FOR - STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

STATE

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ANNE ARENDEL COURTY

KATHERINE STEREMENTAN SOUL AT:20R

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THE DISTRICT OF SELECTION OF SE

AND SERVICE COUNTY

OLEM BURNIE - HORTH ARUNDEL HOSPITAL - LE SE

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	1.	FOR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IENE 8 3	00222
	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
		CEASED NAME FIRST	MIDDLE	LAST	2R DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ay be page 3 death	TYP	GREG.	ORY M. S	TERLING	JAN.	29,1983 605 Pm
l may	3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
age 4		MALE	BLACK	JAN. 3,1957	26 4	RS DAYS HOOKS MIN
		OUNTRY)	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	/
TIME des	10	UASH. D.C.	U.S.H.	WIDOWED DIVORCED		KUNDEL MD.
on ours afte		LAUREL	FOREST H	<i>PVEN</i>	178 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKE NONE	12h. KIND OF BUSINESS OR INDUSTRY
ND 2120 in 24 hour lited in by lid be fill.	USU 13m	AL RESIDENCE IN NURSING HOMEON STATE 131 COUN D.C. 1001	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSION) N 134. INSIDE CITY LIMITS? VETON YES NO	13R STREET ADDRESS	449 (LARK PLSE
within within shoul	14. F	ATHER'S NAME		15. MOTHER'S MAIDEN NAM		17 40/// 12:00
omple and 2		LAWRENCE "	STERLI)	VG FRACES	5 MIDDLE	ORTUNE
W 0 0-1/6 A		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	RITY NO 17 INFORMANT	ADDRESS	SAME AS
TIMOR te be ex te bex	Ľ	No -	- UNKN	OWN CARMEN	WINKEY	ITEM#13
BALT Ifficat ysicia pers. oval.		18 CAUSE OF DEATH (Enter an	ly ane cause per line far (a), (b), an	dicu		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
: t 488 5		PART I. DEATH WAS CAUSEI	E CAUSE (a) INT	RAABDOMINAL	HEMORRHAD	SE
eath eath arbo n, or raum		5 438	DUE TO, OR AS A CONSEQUE	ENCE OF		
PREST at the datte emove cematio		Conditions, if any, which gave rise to immediate	1b)	PTURED LIVER	AND LE. KID.	NEX
that that or ot		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
equires equires in please burial, injury, in please			(c)			
DS, requ	Z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DING PHYSICIAN: The law requires that the death ce strending physician. After this certificate has been signed by the attending is the burial-transit permit. Then please remove carbon its had Mental Hygiene prior to burial, cremation, or re marked or Item 18 shows any injury, or other traumat	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	YES, WERE FINDINGS USED
J: The Lite has been permit.	FF				YES X NO IN CE	RTIFYING CAUSES OF DEATH?
ON OF VITAL REPHYSICIAN: THE physician. This certificate ha unial-transit perm Mental Hygiene d or Item 18 sho	1	210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	
NOF V NOF V HYSICI physici sis certifi rial-tran fental F or I tem	¥	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH D.	AY YEAR		
NG PHY nding ph refer this of the burial- and Men arked or	MEDICAL	214 INJURY OCCURRED	21R PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISIO ENDING P attending R: After th as the builth and IA is marked	2	AT WORK AT WORK				
OR OR Heal		22a I certify that (I) (this hospit	toli attended the deceased fram_	83 and that in (my) (auct appraign of	10_ JAN2	7, 19 <u>83</u> , that (1) (we) last
OR ATTEN hospital or a DIRECTOR hed for use a Dept. of Heal If frem 21 is		saw the deceased alive an abave, (I) (we) (did) (did not	tiview the body after death.	i, and mor in (iii), (iii)	death accurred an the date and	
TO HOSPITAL OR AT Vetimed by the hospital TO FUNERAL DIRECT should be detached for with the State Dept. of IMPORTANT: If Item 2		22h SIGNATURE	V. Hoco,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED /-3/-83
SPI d by d by ne St aTA		224. PHYSICIAN'S NAME (TYPE OF	R PRINT)	22R ADDRESS		
o HC etaine		ROLANDO	2 V. 6000	MD. Rt. 198	FOREST HI	TUEN, LAUREL, Mel
CACAGA FESS	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
9999 BP		BURIAL	2-4-1483 2	INCOLN MEM. CEN	1. SUITLAN	
DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS 5	77 1/TRST-SE 150 DATE FE	REC'D. BY REGISTRAR 756. RE	GISTRAR'S, SIGNATURE
(VRA 15, 4) 1/79	6	V.W. CHIME	BERS Co. W.	ASH. D.C. FE	D 0 1900	

D. D. WELLE LIFE TO THE STATE SHOW THE PARTY OF THE PARTY LYNNERE STEPLINE FREES TWIK WYSTONIAN THE SERVEY WHISE LO CHAMBERS ON THE SECTION OF THE LEW CO.

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please remove carbanpapers. Pages 1 and 2 shauld be ful

attending physician

deoth

PHYSICIAN: The

HOSPITAL OR ATTENDING

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical exam

should be detached far use as the burial-transit permit. Then please remove corbandape with the State Dept- of Health and Mental Hygiene prior to burial, cremation, or removal

TO FUNERAL DIRECTOR: After this certificate has been signed by the

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

63	1	
8	5	
9	100	

	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(tabl	KAther	una K	5+0,00-1	-	11 Q21'DCD
CE		I4. RACE	Vicuart	OI.	11 03 1.03 1
3. SE	^	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
F	emale	(ACICASIA	n 03 28 97	85 YRS	
o. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	UNTRY?	9 BALTIMORE CITY OR COUN	ITY OF PEATH
-	GERMANY	45.	WIDOWED DIVORCED	ANNE ARUNDE	1 W M
0 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GIT	NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (Line of work for most of working	126. KIND OF BUSINESS OF
A	nnapolis	Anne Aru	indel General Hos	P BOAUTICIAN	HA. CDAESSI
USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF		THE BEFORE ADMISSION) DR TOWN WAFOLIS YES NO NO	738 WARR	EN DR 2140
14. FA	ATHER'S NAME	MIDDLE /)	15 MOTHER'S MAIDEN	NAME	
1	HENRY	KRIN	GS KATHER	INE SCHAZ	EFFER
		MED FORCES? 166 SOCIA		ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 216	32 6628 Lucille 5	BEARD	
-	18 CAUSE OF DEATH (Enter or	1		72377	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY:	Le de la		BETWEEN ONSET AND DEATH
	, 991 IMMEDIA	TE CAUSE (0)	astatue Care	uouna	3 month
	1/11	DUE TO, OR AS A COM	NSEQUENCE OF		
	Conditions, if any, which		NSEGOENCE OF		SALE DESCRIPTION OF THE PROPERTY OF THE PROPER
		(b)			
1	gove rise to immediate				
	couse (a), stating the	DUE TO, OR AS A COM	NSEQUENCE OF		
		DUE TO, OR AS A COM	NSEQUENCE OF		
	couse (a), stating the underlying couse last	(c)		FRMINAL DISEASE OR CONDITION O	SIVEN IN PART LO
NO	couse (a), stating the underlying couse last	(c)	NSEQUENCE OF	RMINAL DISEASE OR CONDITION C	GIVEN IN PART 1(0)
ATION	couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT ((c)CONDITIONS CONTRIBUTION	<u>NG TO DEATH</u> BUT NOT RELATED TO THE TE		
FICATION	couse (a), stating the underlying couse last	(c)CONDITIONS CONTRIBUTION		200 AUTOPSY? 206. IF Y	SIVEN IN PART TO
RTIFICATION	couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT ((c)CONDITIONS CONTRIBUTION FOR	<u>NG TO DEATH</u> BUT NOT RELATED TO THE TE	200 AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED
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CEKTIF	COUSE (D), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (D) 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CALCOUNTRIBUTING CAUSE OF DEA	CONDITIONS CONTRIBUTION 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MONT	WHICH OPERATION WAS PERFORMED TH DAY YEAR	200 AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
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CERTIF	COUSE (D), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER NOT WHILE AL WORK NOT WHILE AL WORK AL WORK NOT WHILE SOW the deceased alive an above, (I) (Manhadid) Helidane 22b. SIGMATURE	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	WHICH OPERATION WAS PERFORMED TH DAY YEAR 19 21t HOW INJURY OCC THOMAS PERFORMED 21t LOCATION STREET 19 3. ond that in (my) (avr) opini	200 AUTOPSY? 206 IF Y IN CER YES NOTER NATURE OF INJURY IN ITEM TO TOWN CITY OR TOWN On death occurred on the date and h	COUNTY STATE
CERTIF	COUSE (D), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER NOT WHILE NOT WH	CONDITIONS CONTRIBUTION 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY. That is a street of the deceased of the decease	WHICH OPERATION WAS PERFORMED TH DAY YEAR 19 21t HOW INJURY OCC THOM IN THE TENDING ATTENDING PHYSICIAN	200 AUTOPSY? 200 IF Y IN CER YES NOTE NATURE OF INJURY IN ITEM T CITY OR TOWN On death accurred on the date and h MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE

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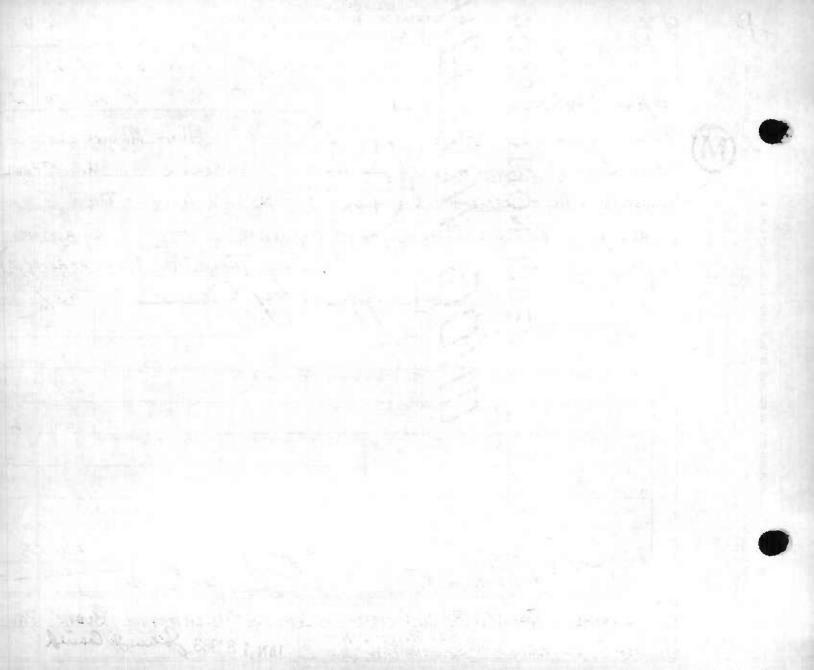
CENTRAL X EN ANTHURS There is a second of the second of the partition of the contestion M.D. A.H. Co Shampers & T. F. BERRED De BILLES HEURY KATHERINES KATHERINE SCHOLEFEER NO ZIE 32 WOB LUCIUS S BEAKS THE ROLL OF THE SECOND SECOND Tone to the state of the second second BUREAU THE 83 HILLEREST CON HOLLINGUIS PLA IND Toplex Franciscon Cooper Frankov Co.

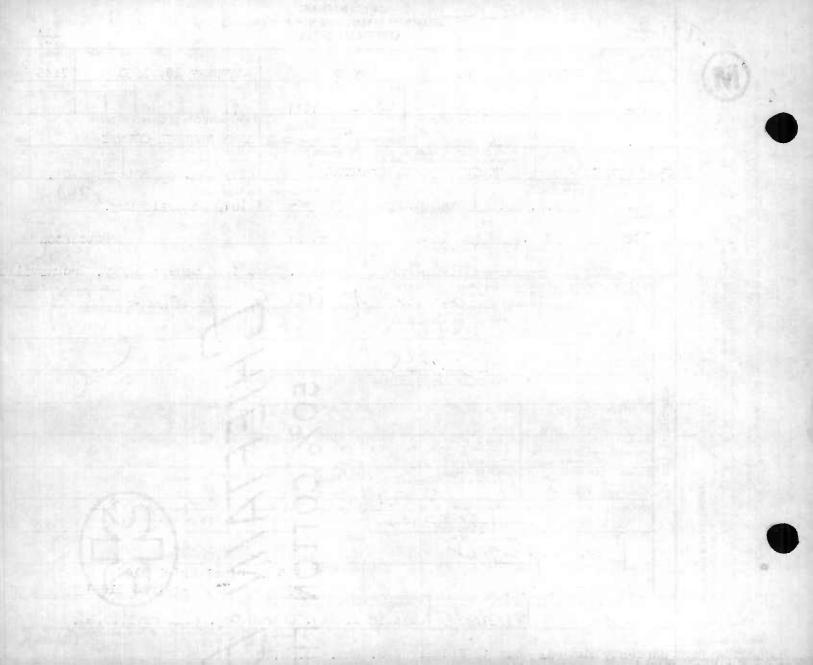
The state of the s woods as John westpolis and loss a Anglis - to-150 和"特别是我们的一个人,我们们是不好,这是一个人们的一个人,我们们是我们的一个人。" The second of th

1.	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO	
	CEASED NAME PIRST	48/ T. 7	aylor	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 9:590
3. SE	MALE	4. RACE white	5. BATE OF BIRTH MONTH DAY 2 - 35	6. AGE (IN YEARS LAST BIRT	PYRS. IF UNDER I YEAR IF UNDER 27 MRS. MONTHS DAYS HOURS MIN.
70. B	IRTHPLACE (STATE OR FOREIGN ASH D. C.	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	P. BALTIMORE CITY O	RCOUNTY OF DEATH UNIVEL COUNTY M
53 A	NAPOLIS, And	11. NAME OF HOSPITAL, NURSING	SHOME OR OTHER INSTITUTION CODRESS!	(TYPE OF YORK FOR MOST O	
13e	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY CO. CITY OR TOWN		3019 PEI	EUDS R.D. 21401
20 14. F	ATHER'S NAME TURE	MODE TAYLOR	15. MOTHER'S MAIDEN N	WIDDLE	FLOWERS
medico		MED FORCES? (F WAR OR DATES) 166. SOCIAL SECUI	6000 ROBERT	TAYLOR	#13
8 shaws ony injury, ar ather traumat	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (MINAL DISEASE OR CON	DITION GIVEN IN PART 1 (a
CERTIFIE	210. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJU	YES NO
MEDICAL O	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	P. M. 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19 21f LOCATION STREET	2 1//	wn county state
21 is n	saw the deceased alives abave (1) we) (did) did no	ital) attended the deceased from 19 8	3 , and that in my) (aur) opinio	n death accurred on the de	ate and hour ond from the causes stated
H Hem	22b. SIGNATURE	er W Colin	ATTENDING PHYSICIAN	MEDICAL STAL	FF 1/2/83
H Hem	22d. PHYSICIAN'S NAME (TYPE C	es W Colin	A ATTENDING	MEDICAL STAIN DIRECTOR PHYSIC	TANNAPOUS ME
MPORTANT: If hem	Ensi	COLE TH	A MU ATTENDING PHYSICIAN	MEDICAL STAIN DIRECTOR PHYSIC	GT ANNAPOUS MA

Mr. DA Con laboration of Sale Paleurs Res 1990 TYRE IN THE TRY TO BE SAVE ENCOLUNE CONTRA CONTRA LA MARCO LA CARLA LA 1883 PORTO DE

1 400			STATE OF MARYLAND	
10		FOR 1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 0 2 2 6
-		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N	10.
	3	1. DECEASED NAME (TYPE OR PRINT)	MIDDLE LAST 20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26. HOUR
₩ %	SE.	- // -	S C. Thompson DEATH MATED	Ø / 14 1983 · M
PLEASE	30.5	3. SEX 4. RACE 5. I	DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 26. HOUR
	LS	Many North	AONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	1 14 153 PM
225	ZE		CITIZEN OF WHAT COUNTRY?	OR COUNTY OF DEATH
843	HIN 72 HOURS PRESTON STREET,	EOREIGN COUNTRY)	MARRIED NEVER MARRIED	N-
Z 7	医肾	TENNSYLVANIA 10. CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (T	HRUNDEL MD.
> 1		10 CHI OK TOWN OF BEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY
20	201	GLEN BURNIE	NORTH ARUNDEL HOSPITAL LABORER	U.S. STEEL
ANY D AND 3	98_	USUAL RESIDENCE (IF IN NURSING HOME OR OT 130. STATE	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. (CITY OR TOWN 13d. INSIDE (1TY LIMITS? 13e STREET ADDRESS	99911
			HENY NERTHERSAILES YES NON 123 ARLES	NE DR.
AD.	AL AL	14 FATHER'S NAME	15. MOTHER'S MAIDEN NAME	1107
DEATH.	25707	D 12-	CLER THOMPSON LUCINDA	SLADING
A DE A SE	\$ 4 8 m	160. WAS DECEASED EVER IN U.S. ARMED	PEORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRES	SS SS
ALTIM AFTER IVE PA	588 S	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR	ORDATES)	(Same AS ABOVE 13)
A S S S S	E & S		- L. JANE HOMPSEN	
M ST., B. HOURS M 18. G	E.O.	18. CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY	ne cause per line for (a), (b), and (c).)	SETWEEN CONCET AND DEATH
ON 124 H	AL. AL.	4149 IMMEDIATEC		- teffe
STC N	E P		DUE TO, OR AS A CONSEQUENCE OF	~
WITHIN NCIL IN	RA AN	Canditians, if any, which gave rise to immediate	(b)	
S SEN	E E E E	cause (a) stating the <u>under</u>	DUE TO, OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD. "FRIDING" IN PENGLI IN ITEM, B. GIVE RAGES 1, 2, AND PROFEST OF THE COME MATCH IS VARIABLE ALONG WITH 10 COME AND 10 THE	TAGE A THOUR BE TOWNED TO THE TOWN THE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION GENTAL BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	lying cause last.	(c)	
S S S S	A A B B	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	IRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
S S S S S S S S S S S S S S S S S S S	EX EX	2		
98	4470-	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
VITAL RE SHOULD ORD "PEI	SE SE SE			-
IVISION OF VITA CERTIFICATE SHO TITING THE WORD		210 EXTERNAL CAUSE WAS	216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM	
0 F	1986 J		HOUR A.M. MONTH DAY YEAR	OF MATE COM PART 2)
O FE	55.50	CONTRIBUTING CAUSE OF DEA		
N N N N N N N N N N N N N N N N N N N	DEP 35	VIDERLYING OR CONTRIBUTING CAUSE OF DEA	216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
THIS WRI	A A TE	AT WORK AT WORK		
E E	E ST.	220 certify that I taak charge of	the remains described above, held an Autapsy . Inspection . Inquiry .	and in my apinian
EXAMINER: CERTIFICATE	DE A	death resulted fram (Najoral c		
₹ N	RY L	ded in resolved from the following		
2 5	2 × 8	ACTUAL S	TITLE (SPECIFY)	DATE 1.K.83
WEDICAL CUTE THE	RE, RE	SIGNATURE	M.D. MEDICAL EXAMINER) SIGNED
95	Z Z Z Z	EXAMINER'S NAME	LIMMOROT. All hole	her
2 X 3	ALTE -	(TYPE OR PRINT)	ADDRESS AJOUR	
F0:	7 F 4 W	230. BURIAL, CREMATION, REMOVAL 236.	CAYORTOWN	uxe BLAIR PA.
99999BP		BURIAL VA	N. 18, 1983 THE PRESBITARIAN CEMETER / HOLLIDAISE	ure BLAIR VA.
ОНА	MH - 17	24. FUNERAL DIRECTOR	ADDRESS 501 RITCHIE HWY 130 DATE REC'D. BY REGISTRAR ADDRESS	SISTRAR'S SIGNATURE
(VR AI	5 ME (5))	KEBERT S. BARRANC		
154	A 2/80			





the transfer of the section of A CONTRACTOR OF THE PARTY OF TH Maria Caralles I. CONTRACTOR OF THE STATE OF THE

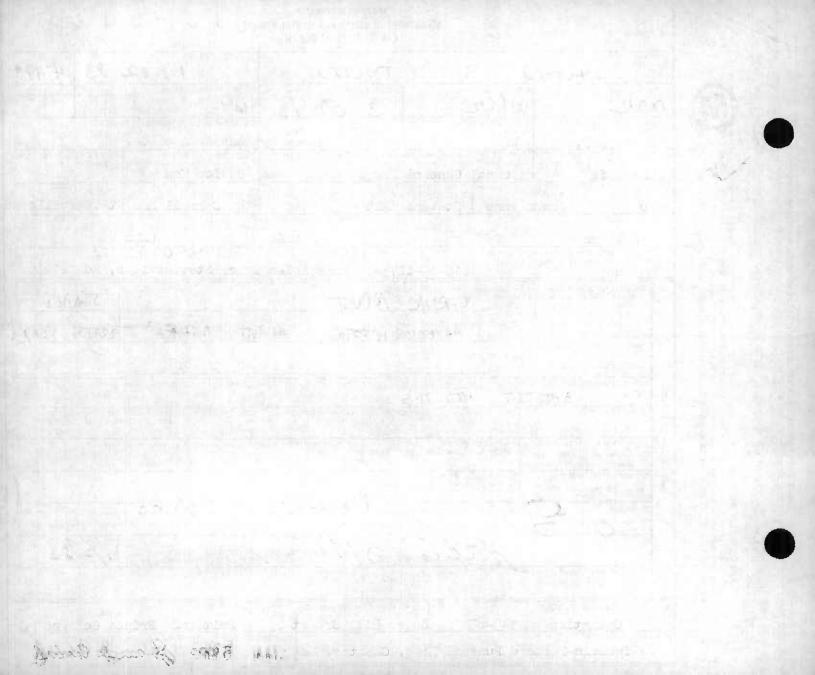
DIVISION OF VITAL RECORDS,

TARLE CARDINETANT 11 OF 25 IN STREET LIN ACRES STREET LINET OF THE LINE OF THE SECTION PARTIANT AND REVENUE PARAGINA TA A ST. SHORT IN STY 22 ALIMADRAS HEAG I SE .A SIDER TOTESH BY C. TREET VIDER AND L. SHORE AD. 174722 BINELL 1/31/23 Ed Francis DESERVAL ELLEVIE 12 (July 1) 1 (

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-P. Gordon Turner DEATH MATED 19 19 83 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 74 110 UR 20 1962 PRONOUNCED White Male DEAD PM 19 10 83 76. CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & Marvland U.S.A. Anne Arundel County WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hunters Ln. near Tier Neck Rd Pasadena NG" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO CAL EXAMINER ALONG WITH FORM PM 3. RETAIN PERMIT. PAGES 1 AND 2 SHOULD BE FAND MENTAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FAND MENTAL HYGIENE, DIVISION OF ALTAL PECORDS. "ANTION, OR REMOVAL." (woods) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS2_ 136. CAUNTY 13. SF859 Balto. Annap. NO T YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Clvde Virginia Turner Bennett 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 166. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) No 218-82-8909 William Turner Third 7607 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED / 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 3 SHOULD BE USED STATE DEPARTMENT OF HE 21201 PRIOR TO BURIAL, YES X NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1:04 P.M. HOUR XX. MONTH DAY YEAR 19 1983 self-inflicted gunshot wound 21e PLACE OF INJURY (AT HOME, 21d INTURY OCCURRED 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) Hunters Ln. near Tier Neck Rd., Pasadena, Md. woods TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STIP. Autopsy X 220. I certify that I took charge of the remain described above, held an Inspection ond in my opinion Suicide X deoth resulted from Homicide ___ Undetermined monner TITLE (SPECIFY) ACTUAL DATE 1/20/83 Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn St., Balto, Md. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial Glen Haven Wem. BP Glen Burnie 250. DATE REC'D. BY REGISTRAR Md. **DHMH - 17** ADDRES 4001 Ritchie Hgwy Gonce F.H. (VR A15 ME (5)) 20M 4/B2

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	1.	FOR STATE		DEPART		EALTH AND MENTAL HY	GIENE 8 3	0	0 2	3 1
		REGISTRAR			CERTIF	CATE OF DEATH	REG. N			
" (pr pr cr		CEASED NAME FIRST OR PRINT) WALTE	()	S.	TV	118	20. DATE OF DEATH	MONTH DA	83	16 HOUR 4:49 A
	3. SE		4. RACE	<u> </u>	5 DATÉ C		6 AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HRS.
) [M	ale	whit	e	3	07 /3	69	YRS.	NIHS DAYS	HOURS MIN.
41		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
110		Dover Del.	USA 11 NAME OF	HOSPITAL NURSIN	WIDOWE	DIVORCED DIVORCED	Anne Arun		135 KIND O	MD.
53		napolis	(IF NOT IN SL	cheacility, give street	ADORESS]		Police M	OF WORKING LIFET	INDUSTRY	1 003114E33 OK
2	LISU!	AL RESIDENCE HE NURSING HOM	OR OTHER INSTITUTION	13c. CITY OR TOV		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			666
\geq	_	Id. Que	en Anne	Stevens	ville	YES NO K	141 Carro	ll Rd.	Steven	sville M
7/)	FIRST	MIDDLE	LAST		Amanda	WIDDIE	Unkn	OWD LAST	
0 1		AS DECEASED EVER IN U.S.		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	1400	EGarrol		
medicol 1	()	ES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	216-10-0	275-A	Anne Helen	Tyler Stev	ensvill	e, Md.	21666
		18 CAUSE OF DEATH (Enter	only ane couse pe	r line far (o), (b), ar	dic.1					MATE INTERVAL
2			IATE CAUSE (a)	CARNAR	ARI	6			200	DEN
E E		Canditions, if any, which	DUE TO, O	OR AS A CONSEQUE		WIC HE	ACT DISE	RE	MADY	I YAM.
0.11		gave rise to immediate cause to, stating the	DUE TO C	OR AS A CONSEOU		<u> </u>	1167) ~ ~	NWN.	1 4 10
or oth		underlying cause last	(c)_	JR AS A CONSCOO	EINCE OF					
	Z	PART 2 OTHER SIGNIFICAN		A descent a 1 Pm. 1 I	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR COM	NDITION GIVEN	N IN PART 110	
ou ou	CERTIFICATION	190 DATE OF OPERATION	4 1	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	IGS USED
3000	TIFIC						YES NO		NG CAUSES	
		210. ACCIDENT WAS UNDERLYING			AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	T 1 OR PART 2)	
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	INER) P	.M.	19					
Driked Dr	MED	WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	ARM ETC }	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
8		27a I certify that (I) (thi ho	spital ottended t	he deceased from_	i	12/83 19	to. V	2/8319	2	that (I) (we) lost
2 2		saw the deceased almo above, (I) (we) (did) (did	not view the had	after death	, an	d that in (my) (aur) apınıon	death accurred an the	date and haur o		
# Hem		22b. SIGNATURE	19	OF.		ATTENDING	MEDICAL ST		171. DATE:	83
IMPORTANT		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	7 00 /		27e ADDRESS	DIRECTOR PHYS	CIAN	17/	
WPO										
		URIAL, CREMATION, REMOV	1.0			METERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
(01	24 FL	Cremation INERAL DIRECTOR	1-5-8) Lec	iar Hi	ll Crematory	Suitlan TE REC'D BY REGISTRA			rges Md.
/81]	Helfenbein-Hul	bard Fur	eral Höhe	, Ohe		. h 4000	or in	A Ca	well



	1.	FOR STATE		PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 3	0 0	2 3 2
(M)	I. DE	REGISTRAR ELGER CEASED NAME FIRST EOR PRINT) EIGH	Aloysius Tyso	7,	ICATE OF DEATH AST 1507	REG. NO.		YEAR 26. HOURS
is of	3. SE		White	5. DATE C	g. 17, 1910	6. AGE (IN YEARS LAST BIRTI	MONTHS YRS.	RIYEAR IFUNDER 24 HRS. DAYS HOURS MIN.
7		RTHPLACE (STATE OR FOREIGN COUNTRY) D.C.	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BAY IMPRECITY OF	nne Arun	
253	a	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUICH FACILITY, GIV		ROTHER INSTITUTION	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Store Ow	WORKING LIFET IND	kind of Business or pustry ito Supplies
\$35	13a. S	STATE 13b. COUN			13d. INSIDE CITY LIMITS? YES X NO []	13. STREET ADDRESS 1359 Moyer	et.	21493
21	14. FA	THER'S NAME FIRST Joseph	Tys		Josephine	WIDDLE		Echenrode
medical		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	.0-3336	Eloise N. T	ADDRES yson Same as		13
bural, crematian, ar remay	7	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONSTITIONS CONTRIBUTION	UENCE OF	any Anteny	DIREASE OR COND	DITION GIVEN IN I	PART 1101
ows any injury	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	which operatio	N WAS PERFORMED	20a. AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
ked or Item 18 sh	MEDICAL CER	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDIC AL EXAMINER 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK		19	211. LOCATION STREET	RED (ENTER NATURE OF INJUR		PART 2) DUNTY STATE
ate Dept. or neum		22b. SIGNATURE	La Certa	19 8 3, or	DEGREE ATTENDING PHYSICIAN	, to	22	trom the couses stated 2. DATE SIGNED 1/13/83
should be deto		Arnold G. Al	exander, M.D.		Severna Pa			
3	1	BURIAL, CREMATION, REMOVAL SPECTY) Burial	1/15/83	Fairfa	emetery or Crematory x Mem. Park.	23d. LOCATION CITY OR TOWN Fairfax,	Va.	ITY STATE
50M 4/82	24 FU	INERAL DIRECTOR Joseph	Gawler's Son	s, Inc.		REC'D. BY REGISTRAR	Sh REGISTRAR'S	SPENATURE

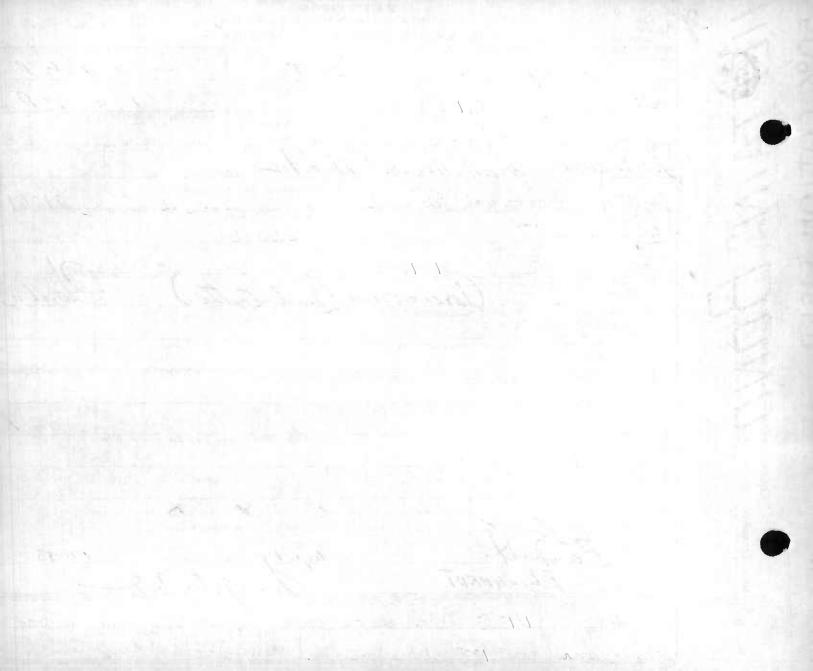
resold O. Alesdender, F. P.

(NA)

Wife I . I . I neligon orn teme broth X of the Sugar Ca. allocand february senshorme by Site of the same of the TYP-10-17:5 lot on R. Truck Suns on like 13

Leverna luke, Ed.

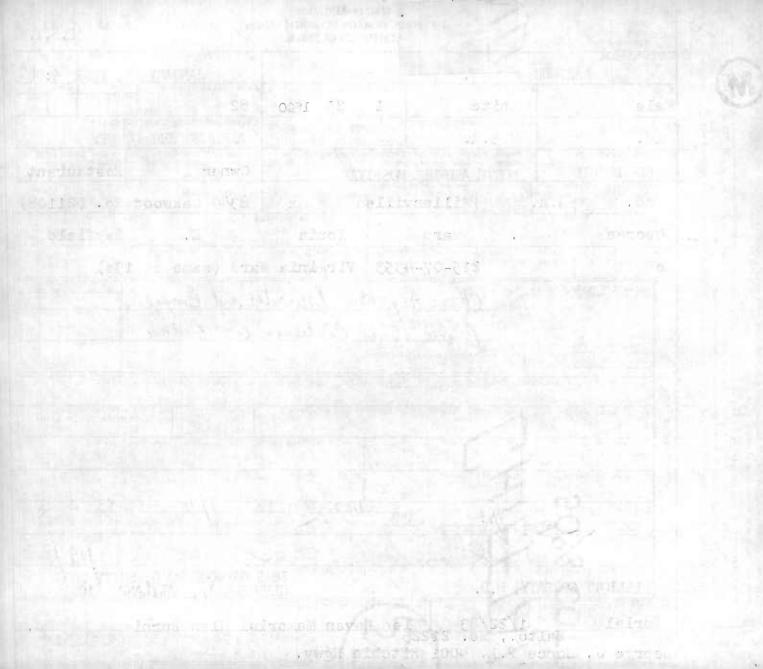
n/-	STATE OF MARYLAND	23 003 03
1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES	2 5 5
REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1. DECEASED NAME FIRST	MIDDLE 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 2b. HOUR
1 2204	DEATH MATED .	11 19 53 P M
3. SEX 4. RACE 5. DATE C	OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 24. HOUR
male white May		88P
70 RIPTHPLACE (STATE OR Th CITTYE	FIN OF WHAT COUNTRY?	OF DEATH
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	MARRIED NEVER MARRIED WIDOWED DI A A	
ID. CITY OR TOWN OF DEATH 11, NAME	Tinne Hrundel	MD. Zb. KIND OF BUSINESS
(IF NOT	OT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY
Tyen DoRAJE NO.	orth. Hrendel Lospital Laborer	
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTI	134 INSIDE CITY LIMITS 134 STREET ADDRESS	
Maryland Anne Arw	indel Geln Burnie YES \$ NO 1 602 S. Ingin Hum S	8 21161
14. FATHER'S NAME	15. MOTHER'S MAIDEN NAME	
20 Arthur B. Veit MIDDLE	First Marion Bioley	LAST
160. WAS DECEASED EVER IN U.S. ARMED FORCE	CES2 LAN SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES	TES)	1
yes WW2		n/HV &
18 CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY:	use per line (or (a), (b), and (c).)	BET LES CHIEF AND DEATH
I I I IMMEDIATE CAUSE (E (o) Mreenom Ky he lighted	musen
Q 77/ (DUI	UE TO, OR AS A CONSEQUENCE OF	
ID. CITY OR TOWN OF DEATH ID. CITY	(b)	81.12
cause (a) stating the <u>under</u> -	UE TO, OR AS A CONSEQUENCE OF	
Lying cause last.	(4)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
Z	OF THE REPORT OF THE PERMITTER OFFICE OR CONSTITUTE OFFICE IN PART 1 70.	
190. DATE OF OPERATION 19b.	9b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	Ing AUTORGYS
S M. BAIL OF GILLAMON	TO CONDITION FOR WHICH OFERATION WAS PERFORMED!	20 AUTOPSY?
		YES NO
216. EXTERNAL CAUSE WAS 216.	1b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART	2)
S CONTRIBUTING CAUSE OF DEATH	P.M. 19	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21d WHILE NOT WHILE	THE PLACE OF INJURY (ATHOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET, CITY OR TOWN COUNTY	
WHILE NOT WHILE ST WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	STATE STATE
N AI WORK		
22a I certify that I toak charge of the rer	remains described above, held an Autopsy 🕗, Inspection 🛣, Inquiry 🔼, and in my apir	non
death resulted from Minu al couses	Accident , Suicide , Hamicide , Undetermined monner ,	
¥ 1	TITLE (SPECIFY)	
SIGNATURE OR WHAT	M.D. DIPE 45 MEDICAL EXAMINER SIGNED	1-11-13
8	and the second	VENDER NEE
EXAMINER'S NAME (TYPE OR PRINT) EXAMINER'S NAME (TYPE OR PRINT)	ADDRES boules, but	-
THE CHILDREN		
230 BURIAL CREMATION REMOVAL 236 DATE	173 NAME OF CEMETERY OR CREMATORY	
	COUNT COUNT	M 1 1
Burial 1/13/	3/83 Md. Veterans Cemetery Corunsville A.A.	Maruland
	O M I II COUNT	Maryland



					STAT	E OF MARYLAND	fs 1 5	-		- y 1
	1.	FOR - STATE		DEPA		EALTH AND MENTAL HYO	GIENE 8 5	U	0 2	5 4
1	1.00	REGISTRAR CEASED NAME FIRST		MIDDLE	CERTII	ICATE OF DEATH	REG. I			
		F OR RRIVETA	rles		LIAC	M CD	20. DATE OF DEATH		DAY YEAR	2b. HOUR
	2.65			N.	WAG		January	29,	1983	5:30Pm
	3. SE	Male	4. RACE	auc.	5. DATE (10, 1911 YEAR	6 AGE (IN YEARS LAST 8		MONTHS DAYS	HOURS MIN.
-	7a. B	IRTHPLACE (STATE OR FOREIGN		OF WHAT COUNT	2V2 8		9 BALTIMORE CITY	OR COUN	TY OF DEATH	
7		New York	l	J.S.A.	MARRIE	NEVER MARRIED DIVORCED	Anne	_		MO
2	10 C	ITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, NUE	SING HOME (DR OTHER INSTITUTION	12a USUAL OCCUPA	TION OF WORKING	126. KIND C	OF BUSINESS OR
_	USU	Crofton AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUT			t., Apt. C	Ret. Payn		or Stea	mship C
T	13a :	STATE 13b. COI		Croft C	own on	13d. INSIDE CITY LIMITS?	131832 Tr	e Vi	ew Ct.	. 21114
	_	ATHER'S NAME		10000000	250.1	15 MOTHER'S MAIDEN NA	ME			
1		Pau 1	MIDDLE	Wagi	ner	Eliza	abeth MIDDLE		Jones	51
4		WAS DECEASED EVER IN U.S. A	ARMED FORCE	6)		17. INFORMANT				d. 2111
		no		063-0	3-2156	Mary T. Wa	gner, 1832	Tre	ee View	Ct.,#C
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse	per ling lor (g), (b)	and (c)	. 001	. 20	200		MATE INTERVAL ONSET AND DEATH
	100		ATE CAUSE (a)		Cardy	as Wilython	in possible	Pulle	empaks.	ImediaTe
John		7000	DUE TO	ON AS ACONSE	OUENCE OF		((6)	11		
raun		Conditions, il ony, which	1	L/ Cerel	rough	ular exception	nd i (R)	Henry	parlein	2 mont
		gove rise to immediate cause (a), stating the	DUE TO	O, OR AS A CONSE	DUENCE OF		term be be	10. 2	X 113	
		underlying couse lost	((c)							
, kınlı	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COI	NDITION G	IVEN IN PART 1	0
allen	CERTIFICATION	190 DATE OF OPERATION	19b CO	NDITION FOR WH	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED
1	ĬĔ						YES NO	IN CERT	IFYING CAUSES	OF DEATH?
7	CER	210. ACCIDENT WAS UNDERLYING		E OF INJURY	DAY VEAD	21c HOW INJURY OCCUR	- 100			
1	SAL	OR CONTRIBUTING CAUSE OF D	6741111	A.M. MONTH P.M.	DAY YEAR					
I	MEDICAL	21d INJURY OCCURRED	21e PLA	CE OF INJURY		211 LOCATION	CITY OR T	OWN	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	(AT HOME		L. FRAM EIC			120		
		220.1 certify that this has	2/16	the deceased fro		, 19	L , to /	24		tho (We) lost
		sow the deceard alive a	nat) view the ba	ody after death.	1 . 01	d that in my (our) opinion	death occurred on the	date and ha	our and Irom the	couses stated
		22b. SIGNATURE	111	1 1	2 man	EGREE			22c DATE	SIGNED /
		unal	ac	xuon	MILL		MEDICAL STA	ICIAN [11.	31183
1		22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS			6 4 7	
		Ronald C.	Srok	a, M.D.		3 Village	Green, Ci	ofto	on, Md.	21114
	23a E	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION		COUNT	• STATE
		Burial		/1983	and the same of th	rection Cem	Clinto	-	lary an	C
1		uneral director Bea 000 Annapoli			ome W	250 DAT	REC'D. BY REGISTRA	R 2 TEGIS	STRAR'S SIGNAT	URE
			E 20 00	KINA LO	IVI CO TOO			1000	ALCOHOLD VIEW	

Charles 8. WAGHER Banders 28, 1362 of the .1.2. YaoY 05% To all a pacific United 132 Tee View Jt., ot. Chec. Promise Sceniship of Pul Coto, Mc. 2111 no ---- 062-03-2156 Mury T. Wester, 1882 Tree View Ct., C was in super the first transfer of the street of the street of Lawrence of the second of the second of the second of the Burish 2011 and unsuberetion Cent. Chinton, Marylands 16000 ann polis E., Sawie, Mc. PEB 2 1983 Pand Grant

791	- STATE REGISTRAR		DEP		ICATE OF DEATH	REG. N	10.	0 2	E.S.T.
	DECEASED NAME	FIRST	WIDDIE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1		ARTHUR	T.		VARD		UARY 19.	, 1983	
	sex lale		White	5. DATE (6. AGE (IN YEARS LAST BIT	MON	INDER I YEAR	IF UNDER 24 HRS
70	BIRTHPLACE (STAT	OR FOREIGN 7	b. CITIZEN OF WHAT COUN	TRY? 8	D MEVER MARRIED	9. BALTIMORE CITY	YRS. OR COUNTY OF	DEATH	
8-2	Md.		U.S.A.	WIDOW		ANNE ARU	NDEL CO	UNTY	M
\$54	GLEN BURN	IE	11. NAME OF HOSPITAL, NU (14 NOT IN SUCH FACILITY, GIVE NORTH ARUND	EL HOSP		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Owner	OF WORKING LIFE)	INDUSTRY	F BUSINESS O
13	SUAL RESIDENCE IF a. STATE Md .	NURSING HOME OR COUNT A.A.	TY I I I CITY OR	TOWN ESVILLE	13d. INSIDE CITY LIMITS?		kwood	Rd. (21108
\$20	George		W. War		15. MOTHER'S MAIDEN NA Tonia	MIDDLE E		Rayfi	eld
N N	O WAS DECEASED E	VER IN U.S. ARM) (IF YES, GIVE		7-4353	Virginia	Ward (same		-	
event, the	18. CAUSE OF D	EATH (Enter anly H WAS CAUSED	y ane cause per line for (a), (for some	11 0	1. P	to 1 to		BETWEEN	MATE INTERVAL ONSET AND DEATH
ws ony injury, or other the contractions of th		tating the ause last.	DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR W	G TO DEATH BUT		AINAL DISEASE OR CON	20b. IF YES, W	VERE FINDIN	NGS USED
7						YES NO	IN CERTIFYIN		NO [
d or litem 18 show	OR CONTRIBUTIONS	CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY	DAY YEAR	21t. HOW INJURY OCCUR				
A PAR		T WHILE	(AT HOME, STREET, FACTORY, O	FFICE, FARM ETC)	STREET	CITY ORTO	OWN	COUNTY	STATE
21 is morked	220.1 certify the	t (I) (this hospiti	al) attended the deceased f	6/ 1	nd that in (my) four) opinion	deoth occurred on the c	date and hour or	nd from the	that (I) (e) lo
T: If Item	22b. SIGNATURE	8	most or	.		MEDICAL STA	AFF ICIAN []	THE DATE!	9 8 3
IMPORTANT: #	ELLIOT	S NAME (TYPE OR GORBA)			784 GLI	5 OAKWOOD F EN BURNIE, N	ROAD, SUMARYLANI	JITT 2 210	03
_ ["	Burial CREMATI		1/22/83	Glen	EMETERY OR CREMATORY Haven Memor	23d. LOCATION CITY OR TOWN	Burnie	OUNTY	STATE DM
	FUNERAL DIRECTO	Gonce	to., Md. 21 e F.H. 4001	225 Ritch		TE REC'D BY REGISTRAL	O REGISTRA	REGIGNAT	accept.



MD.

Singleton Funeral Home

(VRA 15, 4)

Sin Eller of Manager Land Committee of the Committee of t YOYUGO JEANUAR ZIMA THE RESERVE OF THE PARTY OF THE (STATE) SAME TERMS OF THE TRANSPORT OF THE PROPERTY OF THE HALL THE CONTROL OF MANAGEMENT OF THE CONTROL OF TH Cause an assume action of the collection of the a. and alected , falst, nettrick telephone

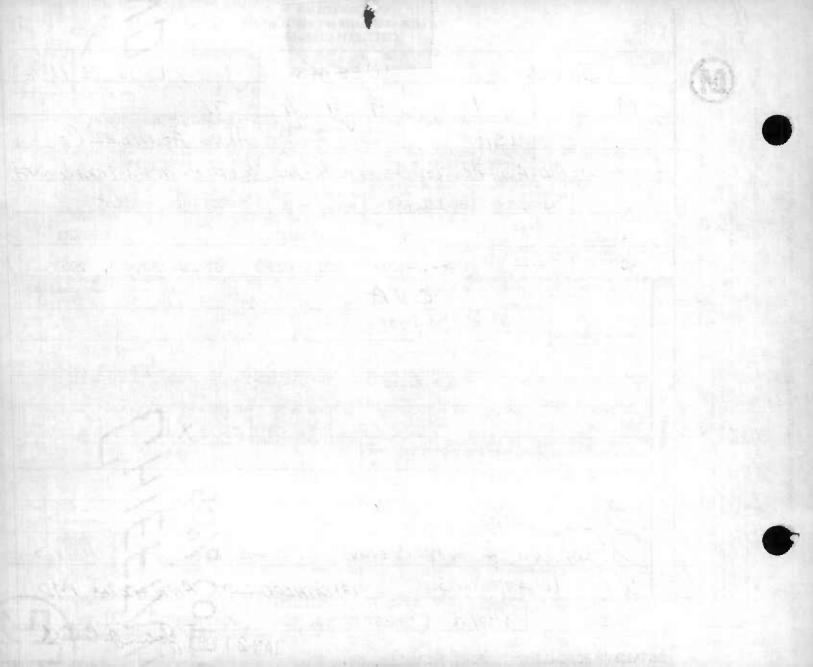
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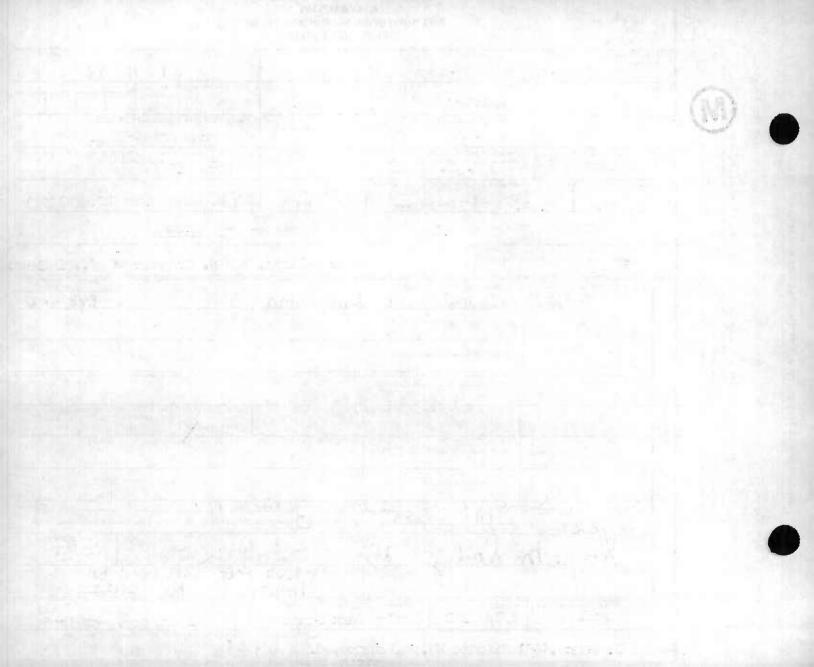
Witzke Catonsville Funeral Home, P.A. 21228

(VRA 15, 4)

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16	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 3	0 0	2 3 8
ge 4 moy be		CEASED NAME OR FRIST OR PRINT) TAM		ARD	S. DATE C	EEMS OF BIRTH DAY VEAR VEAR	20. DATE OF DEATH 6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR 16 83 THDAY) IF UNDER LYEA MONTHS DAY:	R IF UNDER 24 HRS
burs ofter death. Pour of the funeral dir e filed with mental and the holy of	10 G	RTHPLACE (STATE OR FOREIGN COUNTRY) MD. TY OR TOWN OF DEATH WN APOLIS MA	ANNE F	HOSPITAL, NU PLFACILITY, GIVES	MARRIE WIDOWE RSING HOME O PREET ADDRESS)	NEVER MARRIED DO DINORCED DINO	9. BALTIMORE CITY O ANNE 120. USUAL OCCUPATI (Type OF WORK FOR MOST O SELF-ET)	CHICANAG LISES INIDITETE	
within 24 ho	13a. S	MD CAI	LVERT	ST LEC	ONARD	13d. INSIDE CITY LIMITS? YES NO 🖄 15. MOTHER'S MAIDEN NA	WIDDLE	20685	LAST
be executed to and complete. - Pogest Tone		JAMES VAS DECEASED EVER IN U.S. VES, NOO UNKNOWN) (14 YES,	ARMED FORCES? GIVE WAR OR DATES)	WE1 166 SOCIALS 578-0		OLLIE 17. INFORMANT MARIE A WEEM	S ADDRE S ST LEO	NARD, MD,	20685
wanter that the death certificate wanted by the ottending physical free places remove carbonapaper the purity or other troumotic event, the	NO	PART I. DEATH WAS CAL 4.360 IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONSE	QUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	110
The low of the form of the for	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			IICH OPERATIO	WAS PERFORMED	YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	ES OF DEATH?
ATENDANG PHYSICIAN, significan arteritization or attending physician activities of the train and the train of the train and the train and the train are attended or heart the most is a movined or heart the most is a movined or heart the most in a most in	MEDICAL C	OR CONTRIBUTING CAUSE OF CIPE INTERNATION OF CONTRIBUTING AND COURED WHILE AT WORK NOT WHILE AT WORK 120.1 certify that (I) (this has sow the deceased alive above, (I) (mail (did 22b. SIGNATURE)	DEATH HOUR A. P. 21e. PLACE 1AT HOME STR spitol) 9tended th	M. MONTH M. OF INJURY REET, FACTORY OFF	19 ICE. FARM. ETC.) om	21c HOW INJURY OCCUR 21l. LOCATION STREET 19 d that in (my) (our) opinion	CITY OR TO	wn countr , 19 ote and hour and from th	state , that (I) (we) lost ne couses stated
TO HOSPITAL OR A retained by the los TO FUNERAL DIRE should be detached with the Store Duply	22- 0	S PWACE 220. PHYSICIAN'S NAME TYPE S, P, U	M for PRINTS / A TK	INS	BIER	121 CATHEDE	DIRECTOR PHYSIC	FF 1//	16/83 MD.
BP DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FL	IURIAL, CREMATION, REMOV SPECIFY BURIAL INERAL DIRECTOR NAME INALD W BORGWA	1/19/		CHRIST	CHURCH CEM	E REC'D BY RECISERAR	UBLIC ČALVE	RT MÖ





STATE OF MARYLAND

1	STATE REGISTRAR			DEFA	CERTIF	ICATE OF		REG. NO.		0		
	CEASED NAME	FIRST		MIDDLE	l	AST			ONTH	DAY YEAR	2h HOUR	
1117	L OK PRINT)	Margar	et	Mae	Wer	ick		January	13.	1983	11:43PM	
3. SE	Х		4_RACE		S. DATE C	F BIRTH		6 AGE IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS.	
1	female		Wh	ite	Marc		1914	68	YRS.	MONIHS DAIS	HOURS MIN,	
7a B	IRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER.	MARRIED T	9 BALTIMORE CITY OR	COUNTY	OF DEATH		
	Mar	yland	U. S	. A.	WIDOWE		VORCED	Anne Aru	ınde:	1 Coun	ty, MD.	
10 C	ITY OR TOWN O	FDEATH		HOSPITAL, NUE		R OTHER INS	TITUTION	12a USUAL OCCUPATIO			OF BUSINESS OR	
	Meade,		Kimbro	ugh Army	Hospit	al		Housewife	VORKING LI	Own	Home	
USU 13a	AL RESIDENCE (II	13b COU		I 130 CITY OR T		13d. INSIDE C	TY LIMITS?	13e STREET ADDRESS				
Ma	aryland	_ A	Α.		Burnie	YE	NOX	206 Georgi	a Ave	enue 2	1061	
14. F	ATHER'S NAME		WIDDLE	IAST		15. MOTHER	S MAIDEN NAM					
	Patri	.ck	······································	Murr	phy	7	FIRST	WIDDLE		Ho	ok	
	WAS DECEASED E		MED FORCES?	16h SOCIAL SE	ECURITY NO.	17 INFORMA	son	ADDRES	s Sai	me as	# 13	
	no	r	1/a	216.03	3.1608	Mr.	Chomas	Wenck				
	18 CAUSE OF E	DEATH (Enter or TH WAS CAUSE	ly ane cause pe	er line far (a), (b),	, and (c					APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH	
	PARTI. DEA		TE CAUSE (a)	Respin	ratory A	rrest					minutes	
	536	80	DUE TO, C	OR AS A CONSE	QUENCE OF							
		Conditions, if ony, which gove rise to immediate Probable Aspiration										
	cause (a),	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							atony			
	underlying cause last. (c) Gastric Distention, Esophogeal Bleed, 2 Diabe									petic in	ntestinal	
7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
ō.				insuffi	-	1986						
MEDICAL CERTIFICATION	190. DATE OF OF	PERATION	196 COND	OITION FOR WH	ICH OPERATION	WAS PERFO	RMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
RTIE	n/:			n/a				YES NO	YE		NO 🗆	
S	210. ACCIDENT WA	CAUSE OF DE		OF INJURY	DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 P	PART 1 OR PART 2)		
CAL		MEDIC AL EXAMINER		P.M.	19	n/	a					
AED	21d INJURY OC			OF INJURY	CE FARM ETC.)	21f. LOCATIO		CITY OR TOW	4	COUNTY	STATE	
_	AT WORK	OT WHILE				n/	'a					
	220 I certify the	at (1) (this hospi	tal) attended th	he deceased fra	m 10 Jar	nuary	. 19_83	13 Janua	ry	19.83	that (I) (we) fast	
	saw the deposed alive an 13 January 19 83 and that in (my) (our) apinion death occurred an the dote and haur of abave, (I) (we) (did) (did not) view the body after death.									r and from the	causes stated	
	226. SIGNATURE		1/1-			DEGREE				22c. DATE	SIGNED	
		anc.	IX VO	m m	2		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NX	13 Ja	n 1983	
	226. PHYSICIAN	'S NAME (TYPE)	OR PRINT)			22e ADDRESS						
	TARIO KHAN, M. D.					Kimbrough Army Hospital, Ft. Meade, MD 20						

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

JIE DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Buria1

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cem

23d LOCATION CITY OR TOWN Baltimore.

REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE.

MD.

24 FUNERAL DIRECTOR Home Glen Burnie Funeral

The Street Control of the Control of

· · · Latinate American VI about 17 Maryland Line A renelled them Surele are a 200 Secreta Avenue 11. 《整理》(新版) · 2. (图:31.6.) · 1.5. (*)性。 · Castric Shipterion, socides) blest, I Dirichlic investigation your to Figure ters with a state if Of the sense of th

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,	1 -	FOR STATE REGISTRAR		U U	EST EST				
	I. DEC	CEASED NAME FIRST EARL		AUDE		HITE	JANUARY	31, 1983	2b. HOUR 6:43P
<	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST B		
		Male	Wh:	ite	Oct		6		AYS HOURS MIN.
78. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76. CITIZEN OF	WHAT COUNTRY?	R	DENEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEAT	н
		aryland		S.A.	WIDOWE	D DIVORCED		INDEL COUNT	
1	GI	EN BURNIE	NORTH	ARUNDEL	ADDRESS) HOSPI	TAL	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Mechl. A	of working life) INDUS	stinhse.
1	13a. S M	aryland A		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Severi	N	13d. INSIDE CITY LIMITS?		-2114 ulkner Ro	
Ö	14. FA	ther's name Claude	Earl	Whit	te	15. MOTHER'S MAIDEN NAME Mamie	Ire		inchcomb
		(AS DECEASED EVER IN U.S. ARES NO OR HINKNOWN) YES (IF YES, GIV	MED FORCES?	166. SOCIAL SECU 217.16	RITY NO. • 0913		ife) ADDF ginia D. 1	White	PROXIMATE INTERVAL
	N	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OF	AL DUD A	NCE OF	Papellory 7	NDITION GIVEN IN PAR	12 hours	
	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT			N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	
		270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PAR	T 2)
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC }	21f. LOCATION STREET	CITY OR T	OWN COUNT	Y STATE
I		.22a.1 certify that (1) (this hospi saw the deceased alive on above, (1) (we) (did) (did no	1 / - 3 .			d that in (my) (our) opinion	death occurred on the	-	
		S. Path	manat	tan	1	1. D. ATTENDING PHYSICIAN	MEDICAL STA	AFF _ O	2/83
		S, PATHMANA		.D.	17	220 ADDRESS 325 GLEN	HOSPITAL DI		
		URIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		Burial	4'Fel	/	71.4	terans Cem.		sville, A	.A. MD.
		Singleton Fi	uneral	Home	Glen MD	Burnie 150.DAT	B 3 1983	M. Sur	Court

i.i. sover of a continuo continu The same of the sa Charles of the second our is _ _ _ _ _ 20,03 _ 2rdWeterabs Use. Uro mrvi ale, i.i., de Town I say I was

someonical and of an effort and Burial 1/6/1900 Local Additional Partial Daynerd C. Elm. | Gien latting. Dil. 2 .. Dil.

DIVISION OF VITAL RECORDS

The Complete Woodlawn Baltimore with

The track of the state of the s

injury, or other troumotic event, th

should be detoched for use as the buriot-fransit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. certificate has been

IMPORTANT: If hem 21 is morked or hem 18 shows ony

	ST	ATE O	F.M.	ARYL	AND	
DEPARTA	MENT O	F HEAT	H	AND	MENTAL	HYGIENE
	CEDI	IFIC	ATE	OF	DEATH	

	REGISTRAR		CERTIF	FICATE OF DEATH	REG. N	0.	different S		
	1. DECEASED NAME (TYPE OR PRINT)	i Qui	U	Villiam	2a. DATE OF DEATH	1	3 4 Pm		
	3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1	YEAR IF UNDER 24 HRS		
	MALE	BLACK	MONT!	2 1913	69	YRS.	DAYS HOURS MIN.		
p	76. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	TH		
0	PENNSYLVANIA	U.S.A.	WIDOW		Organe C	lembe	e ME		
1	CONTROL OF BEATH	11. NAME OF HOSPITAL, NURSING NOTAL SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST C		IND OF BUSINESS OR STRY		
1	MARYLAND A.A.	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW ANNAPOLI	VN		130. STREET ADDRESS 710 Newto	wn@Drive	21481		
1	14. FATHER'S NAME FIRST	WINDOWN LAST		15. MOTHER'S MAIDEN NAM	UNKNOWN		LAST		
	160. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE	ESS	Les values		
	(18 YES, GI	TE WAN ON DATES		THOMAS OFFER	710 Newtown	ne Dr. Anna	polis, Md		
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	US N	Aic Car	Prostal	2 8	2		
		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT REPATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT 100		
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES			
	OR CONTRIBUTION C CHUSE OF DE	AIR	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PA	RT 2)		
	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUN	TY STATE		
	sow the degeosed alive or	atulies he book ofter death.	52.0	nd that in (my) (our) apinion o	death accurred on the de		, that (I) (we) lost m the couses stated		
	77h SIGNATURE	Fritraut	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _ //	MATE SIGNED IS		
	224 PHYSIONEN'S NAME / THE	SALA VI		22e ADDRESS		U			

TO HOSPITAL OR ATTENDING PHYSICIAN: The

DHMH - 16 50M 4/B2 (VRA 15, 4)

O FUNERAL DIRECTOR:

24 FUNERAL DIRECTOR REESE &

FOR

230 BURIAL, CREMATION, REMOVAL BURIAL 1-18-1983 Annapolis, Md SONS MORTUARY, P.A.

236. DATE

231 NAME OF CEMETERY OR CREMATORY PINELKWN MEM. PARK

23d. LOCATION
CITY OF TOWN
ANNAPOLIS

A.A.

MARYLAND 250. DATE REC'D, BY REGISTRAR'S SIGNATURE

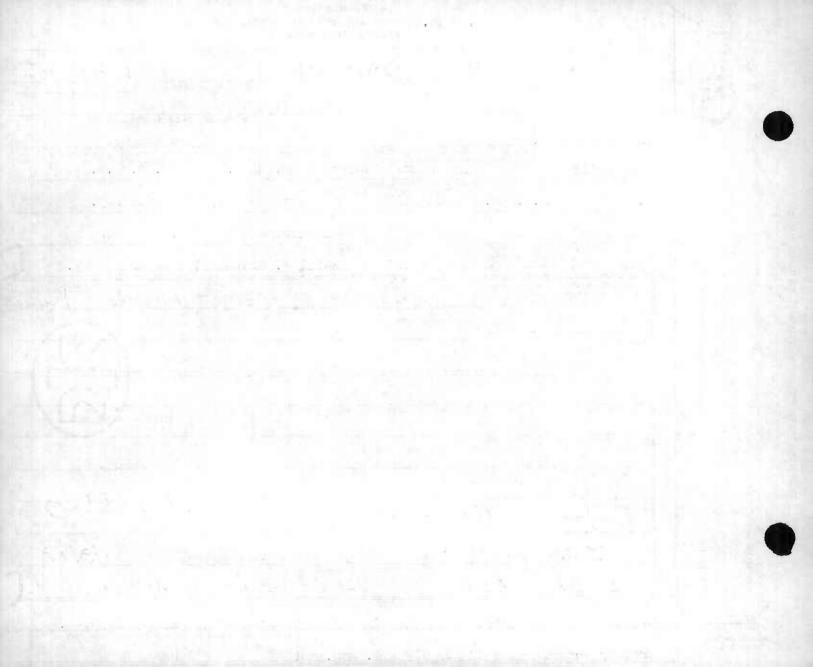
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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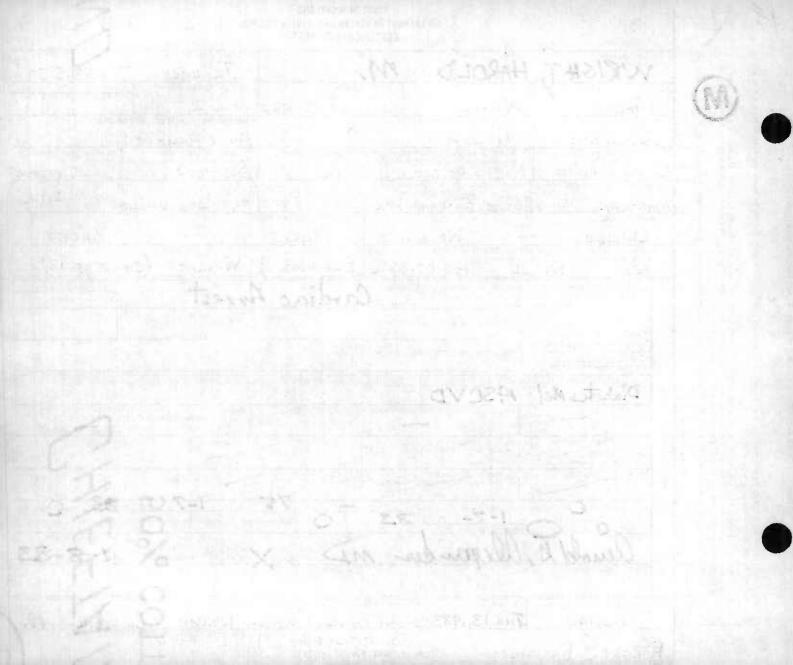


	1.	STATE REGISTRAR			DEF		RTIFICATE				G. NO.		E.S.T.
		CEASED NAME	FIRST		MIDDLE		LAST	130		20. DATE OF DEAT		DAY YEAR	26 HOUR
	3. SE		THOMA	A. RACE	U	11.0	WOLF ATE OF BIRTH	4		JANUAR 6. AGE (IN YEARS LA	~	983 I IF UNDER 1 YEAR	6:30 M
	3. SE	Male		Whi	te		rch :		1920		2 YRS.	MONTHS DAYS	
201		RTHPLACE STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8.	RRIEDX	IEVER MARR	RIED 🗍	9. BALTIMORE CIT	Y OR COUNT	A 01 10 1000 1	
		ryland		U.S			OWED	DIVOR		ANNE A		COUNTY	MD.
54		GLEN BURN	IE	(IF NOT IN SUC NOR	HOSPITAL, NU CHEACILITY, GIVES THE ARUN	DEL H	OSPITA	L	ION	17a USUAL OCCU (TYPE OF WORK FOR M) Super		LIFE) INDUSTRY	of BUSINESS OR CECTIONA
35	13a. S	AL RESIDENCE (IF NUR STATE ryland	13b. COU	OTHER INSTITUTION	GIVE RESIDENCE P	TOWN	13d. IN	SIDE CITY LI	IMITS?	130 STREET ADDRE	ouise	Drive	21061
	14. F/	THER'S NAME	You	MIDDLE	LASI		15. MC	THER'S MA	IDEN NAA	ME			
40	J	ohn	Jo	seph	Wolf	E		Wilh	elmi	ina =		Stru	be
		VAS DECEASED EVER		MED FORCES?	166. SOCIAL	SECURITY	10. 17 INI	ORMANT		JA.	DDRESS		
The medicol	L'	yes	WW		212-1	L2-04	17 2	Ann W	olf	same	as ak	oove	(Wife)
	7	18 CAUSE OF DEAT PART I. DEATH V	H (Enter or	nly ane cause per	line far (a), (b	n, and (ci.)					1-1-1	BETWEEN	NONSET AND DEATH
		Canditians, if any gave rise to im- cause (a), statu	mediate	(b)	R AS A CONS								
		underlying cause		DUE TO, O	R AS A CONS	EQUENCE)F						
	NO	PART 2. OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH	BUT NOT R	LATED TO	THE TERM	INAL DISEASE OR (ONDITION GI	IVEN IN PART 1	Ira
9	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WI	HICH OPER	ation was	PERFORME	D	200 AUTOPSY?	IN CERT	ES, WERE FIND FIFYING CAUSE YES []	DINGS USED ES OF DEATH? NO
à		210. ACCIDENT WAS UN	CAUSE OF DE	W101	M. MONTH	DAY Y	EAR	OW INJURY	OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
1	MEDICAL	216 INJURY OCCUR	RED	21e. PLACE	M. OF INJURY REET, FACTORY, OF	FICE, FARM, ET	19 211 Le	OCATION STREET		City	ORTOWN	COUNTY	STATE
		AT WORK AT WO				Tr	1		Ol		al tea		
		220.1 certify that (I's saw the decease		1 1 2	e deceased fr			, 19 in (mv) (aur)	apinian a	death accurred an t	he date and he	, 19 aur and fram th	, that (I) (we) last ne causes stated
		abave, (1) (we) (22b. SIGNATURE	did) (did no	t) view the bady	after death.		DEGREI						TE SIGNED
		Ph	lip	Ker	200			ATTEN	NDING	MEDICAL DIRECTOR PH	STAFF IYSICIAN []		4/83
1		22d. PHYSICIAN'S N	AME (TYPE	OR PRINT)	WIN.	1100	22e A	DDRESS	615	NAMMONDS	LANE		
)		PHILIP	H. K	ONITS,	M.D.				BA	LTIMORE,	MARYLAN	ND 212	25
		BURIAL, CREMATION,	REMOVAL				OF CEMETE			236. LOCATION CITY OF TOV	/N	COUNTY	STATE
12	24 F	Burial UNERAL DIRECTOR		11/6/	1983	Gler	Have	en Ce	25a. DAT		urnie. Rar 25b. regis	STRAR'S SIGNA	ATURE .
	R	aymond C	. Fi	nk	Glen H	Burni	e, Mo	a.	JAI	N 1 7 1083	10	9.0	Chief
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STATE OF MARYLAND

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	work or then					

15	1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 () CERTIFICATE OF DEATH							0024	1 9
ay be	1	(TYPE	REGISTRAR EASED NAME FIRST PROBLEM RICHARD	HARC	MIDDLE	m.	51	JANUAR	7 1983 5.	57 N
oge 4 m	N)	3. SEX	MALE	4. RACE		5. DATE O	MBER 22, 1920		MONTHS DAYS HOURS	DER 24 HRS
Jeeth. Po	417	6	THPLACE (STATE OR FOREIGN UNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DIVORCED	ANNE ARU	NOEL	M
s ofter o	54	0	YORTOWN OF DEATH		CH FACILITY, GIVE STREET	ADDRESS)	PITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	ness or Fense
vithin 24 hour	50	MA. ST	14	OR OTHER INSTITUTION UNITY E ARMADEL		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO (X)	130. STREET ADDRESS 368 STON		1146
omple v	021)	SAMUEL AS DECEASED EVER IN U.S.	WIDDLE	WRI GOLA		MARIE 17 INFORMANT	ADDRES	BADER	2
be exec	medico	(YE		GIVE WAR OR DATES)	155-07-		ELEANOR	. WRIGHT	(SAME AS 13	
law requires that the death	s ony injury.	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICAN DIALES ME 90 DATE OF OPERATION	DUE TO, COLOTIONS C	CVD	ENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE	ATH?
- t -	18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DENDIURY M. MONIH D	AY YEAR	31° HOM INTURY OCCUR	YES NO	YES NO	
PHY endir	and M	MEDICAL	WHILE NOT WHILE AT WORK	71s. PLACE	OF INJURY		21f. LOCATION STREET	CITY OR TOW	OUNTY	STATE
OSPITAL OR ATTEND ed by the hospital o UNERAL DIRECTOR:	the Stote Dept. of He		220. I certify that (1) his has saw the deceased all obove (2) well (did clid 22b. S) (21) ATURE	not view he body	ofter death		d that in my (our) opinion EGREE ATTENDING PHYSICIAN 22e ADDRESS	, to	22c. DATE SIGNE	
0 € 0 € BP	IMPO	(5	BURIAL		3,1983 Ly	NOON (METERY OR CREMATORY	23d LOCATION CITY OF TOWN LYNDAN	Chiepenhan	NA.
DHMH - 16 50 (VRA 15,		0	NAME SERT S. BAR	LRANCO	ADDRESS S	ERNA I	HEIC, MD.	TYN I School	S EGISTRAR'S MONATURE	



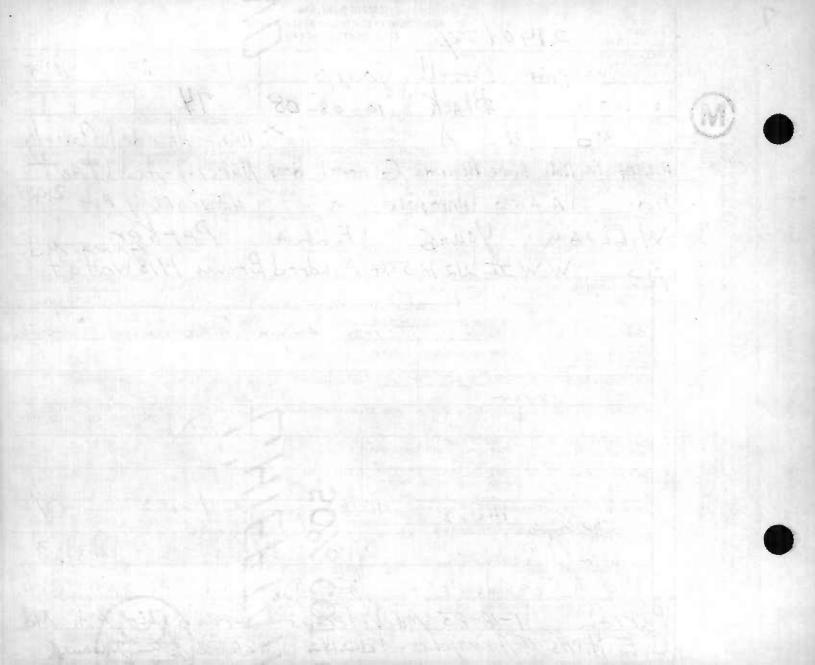
M	1.	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RIMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE & S	0 0 2 5 0
nay be page 3 er deoth		CEASED NAME E FIRST	A RACE	Yingling Is. DATE OF BARTH	20. DATE OF DEATH MG	
age 4 r lirector, ours afte	2. 0	EMALE RTHPLACE (STATE OR FOREIGN	WHITE 76 CITIZEN OF WHAT COUNTS	MONTH 16 93	9. BALTIMORE CITY OR C	YRS.
deoth. P	M	ARYLAND	UNITED STATE	MARRIED NEVER MARRIED WIDOWED DIVORCED	- Anne Am	indel Country mo
by the filled with	A	nnapolis	Anne Mundo	SING HOME OR OTHER INSTITUTION HET APPRESSI GENERAL TOS	P DIETITIAN	
in 24 hour	13a. S			HARK YES NO	756 CYPRE	ess Ro. 21146
ampletel and 2 s	14. F/	THER'S NAME FIRST GEORGE	SPRI SPRI	NKLE GRACE	WIDDLE	WARD
on and co Pages 1		AS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SE WAR OR DATES) 218-18-		ADDRESS	SAME AS 13)
physicic npapers maval.		18 CAUSE OF DEATH LEnter on PART I. DEATH WAS CAUSED IMMEDIATE	ly one couse per line for (of), (b), D BY: E CAUSE (o)	end Failu	R	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer attending ove corba fian, ar re aumatic e		5839 Conditions, if ony, which	DUE TO, OR AS A CONSEC	and & Broversi	ve Glomern	lanodlet.
that the de l by the at cose remov al, cremotic		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF		
requires an signed Then ple or to burit	NOI	PART 2 OTHER SIGNIFICANT OF	D; CAI)	O DEATH OF NOT RELAYED TO THE T	CHF.	
he law ian. has been to permit iene price nows any	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHI	H OPERATION AS PERFORMED		06. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: T ng physici certificate urial-transi tental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	CURRED (ENTER NATURE OF INJURY II	NITEM 18 PART OR PART 2)
G PHYSI attending er this ce the buri and Mer	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	EE, FARM, ETC.) 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
TENDIN ital or of OR: Aft or use or if Health		22s.1 certify that (I) (thi) hospe	= 111 MEL A	and that in (my) (dur) opin	ion depth accurred on the date	ond hour and from the causes stated
AL OR ATTER the haspital AL DIRECTOR detached for the Dept. of H		12h Signature	Ly aller	DE GREE TIENDIN PHYSICIAI	MEDICAL STAFF	NO 1-24-8
TO FUNERA should be de with the Stat		22d. PHYSICIAN'S NAME (TYPEO	mer les	22e ADDRESS		
PP	23a. 1	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 21 1992	NOODLAWN CEMETS	WASSI MAKA	BACTIMORE MD
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	/	501 RITCHIE HWY. 250	DATE REC'D. BY REGISTRARY 51	REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

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	STATE OF MARYLAND	3
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	REG. NO.	
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3. SE	A RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BRINDAY) IF UNDER 1 YEAR IF UNDER 24 HR	M es.
1	Female DLACK MONTH DAY 10-08-08 72 YRS. MONTHS DAYS HOURS MIN	Ν.
	Md U.S. A. WIDOWED DIVORCED ANNE Avende (renter	MD.
AI	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120. KIND OF BUSINGSSEC INTO OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK FOR WORK FOR MOST OF WORK FOR	OR.
U ₃ SU //	nd. A. A.C. BAMAPOLIS YES A NO 45 MURRAY AVE	0(
14. F.	NICH AM HODE YOUNG ELLA PATRET LAST	
160	YES NO GRUNKNOWN WIFE TO 212-16-5386 MILATE & Brown 1918 West 5't.	
7		н
	1533 IMMEDIATE CAUSE (0) Agam form	
	DUE TO, OR AS A CONSEQUENCE OF	4
	gove rise to immediate	
	underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
NO.	ww-	
FICATI	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
ERIC		_
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
EDIC	21d. INJURY OCCURRED 21e. PLACE OF INJURY 21I LOCATION	
42		
1	WHILE NOT WHILE AT WORK	
-	220.1 certify that (1) this bestital) attended the deceased from 110 5, 19 to 112 8, 19 that (1) (ye) la	ost
~	220.1 certify that (1) (this bespital) attended the deceased from 19 19 19 10	ost
	220.1 certify that (1) (this bestital) attended the deceased from saw the deceased always and the deceased of	iost
*	220. I certify that (1) (this bestital) attended the deceased from saw the deceased always and the deceased always are saw the deceased from the causes varied above. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	iost
4	220. I certify that (1) (this bespiral) attended the deceased from sow the deceased of the deceased from 19 ond that in (my) ovi) opinion death accurred on the date and hour and from the couses vated above (1) (the (did not) view the body letter death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE ON PRINT) 220. PHYSICIAN'S NAME (TYPE ON PRINT) 220. ADDRESS DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI	G
	220. I certify that (1) (this bestiral) attended the deceased from saw the deceased always and the deceased from the deceased from the deceased always and the deceased always and the body of the deceased always and the body of the deceased from	iost (a
	7a. 8 7a. 8 7a. 8	TERRIFICATE OF DEATH REG. NO. 1. PORCE ASED NAME (1795 CARRANI) 1. SEX TO BIRTHPLACE (151ANE ON PORCE) 1. SINCE DATE OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1. SALTIMORE CITY OR COUNTY OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1. SUBJECT CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1. SINCE CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1. SALTIMORE CITY OR COUNTY OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1. SALTIMORE CITY OR COUNTY OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1. SALTIMORE CITY OR COUNTY OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1. SALTIMORE CITY OR COUNTY OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1. SALTIMORE CITY OR COUNTY OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1. SALTIMORY OF WORK FOR MINE OF WORK FOR WO



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